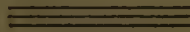




COUNTY BOROUGH OF DERBY



# ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Chief School Medical Officer

FOR THE

*Year, 1948*

BY

V. N. LEYSHON, M.D. (LOND.), D.P.H.

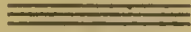


J. W. SIMPSON AND SONS LTD., PRINTERS. FRIAR GATE, DERBY.





COUNTY BOROUGH OF DERBY



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Medical Officer of Health

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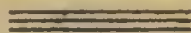
Chief School Medical Officer

FOR THE

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V. N. LEYSHON, M.D. (LOND.), D.P.H.



J. W. SIMPSON AND SONS LTD., PRINTERS. FRIAR GATE, DERBY.

## STAFF.

---

### MEDICAL.

*Medical Officer of Health and Chief School Medical Officer :—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

*Deputy Medical Officer of Health and Senior Child Welfare and School Medical Officer :—*

ALEXANDER MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.).

*Clinical Tuberculosis Officer :—*

\*HUGH GERARD GRACE, M.B., Ch.B.

*Assistant Medical Officer of Health :—*

J. E. MASTERSON, M.B., Ch.B., D.P.H.

*Assistant Medical Officer and Supervisor of Midwives :—*

ANNIE R. McKAIL, M.B., Ch.B., D.P.H.

*Assistant School Medical Officers :—*

MARY KENT, M.B., Ch.B. (Manchester).

E. A. LAVELLE, M.B., Ch.B. (Vict., Manchester).

P. WEYMAN, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.), D.P.H.

C. L. NOBLE, M.R.C.S., L.R.C.P.

*Venereal Diseases Medical Officer :—*

H. R. MORGAN RICHARDS, M.B., Ch.B.

*Consultant :—*

L. O. WATT, M.D., C.M., M.R.C.O.G., F.R.C.S.,  
*Obstetrician and Gynæcologist.*

### DENTAL.

*Senior Dental Officer :—*

ARTHUR STAFFORD, L.D.S., R.C.S. (Eng.).

*Assistant Dental Officers :—*

IAN JAMES STEELE, L.D.S., R.F.P.S. (Glas.).

FREDERICK GROSSMAN, L.D.S., Q.U. (Belfast).

MOIRA SWEENEY, L.D.S., R.F.P.S. (Glas.).

### NON-MEDICAL.

*Chief Sanitary Inspector :—*

ERNEST G. HARDY, R.S.I.

*Deputy Chief Sanitary Inspector :—*

S. PRIME, R.S.I., Meat Cert.

*Non-Medical—continued.*

*Sanitary Inspectors (All Branches) :—10.*

*Senior Health Visitor :—*

E. M. GARDINER, S.R.N., S.C.M.

*Health Visitors, Tuberculosis Nurses and School Nurses :—25.*

*Non-Medical Supervisor of Midwives :—*

F. V. CURTIS, S.R.N., S.C.M.

*Municipal Midwives :—8.*

*Supervisor of Home Helps :—*

MRS. E. M. WRIGHT.

*Home Helps :—7 FULL-TIME , 26 PART-TIME.*

*Almoner :—*

RICHARD L. CARABINE, A.I.A.

*Psychologist :—*

MISS E. S. BROUGHTON, M.A., Diploma in Psychology (Oxford).

*Remedial Teacher :—*

\*MISS N. GATELEY, National Froebel Cert.

*Speech Therapist :—*

MISS S. H. NORTH, L.C.S.T.

*Supervisor of Day Nurseries :—*

M. R. MOSS, S.R.N., Nursery Diploma.

*Day Nurseries :—*

MATRONS, 3 , STAFF NURSERY NURSES, 8 , NURSERY ASSISTANT, 1  
PROBATIONER NURSES, 34 , WARDENS, 1 , DOMESTICS, 6.

*Supervisor of Mental Welfare :—*

MISS M. G. ADAMS, Diploma in Social Science.

*Occupation Centre :—*

ASSISTANT SUPERVISORS, 2 , DOMESTIC, 1 , \*GUIDES, 4.

*Non-Medical—continued.*

*Blind Welfare Visitors and Teachers :—*

MISS L. ELLIS, A.C.T.B.

MISS A. M. ASHTON, A.C.T.B.

*Authorised Officers :—*

F. LANGHAM.

W. V. B. LUCAS.

F. F. WRIGHT.

*Public Analyst :—*

\*R. W. SUTTON, B.Sc., F.I.C.

*Sewage Works Analyst :—*

\*G. E. POOL, F.I.C., AND ONE ASSISTANT.

*Administrative Officer :—*

W. T. PRITCHARD.

*Clerks :—*

HEALTH OFFICE, 20 , SCHOOL CLINIC, 10 , WELFARES, 3.

MEDICAL AND DENTAL ATTENDANTS, 9 , CLEANSING ATTENDANTS, 4 ,  
DISINFECTOR ATTENDANT, 1 , GENERAL LABOURER, 1.

\*—*Part-time.*

*As at 31st December, 1948.*



# CONTENTS.

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	<i>Pages.</i>
I. GENERAL ... ..	1—21
II. MATERNITY AND CHILD WELFARE ... ..	22—50
III. SCHOOLS AND SCHOOL CHILDREN ... ..	51—67
IV. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES ... ..	68—77
V. TUBERCULOSIS ... ..	78—84
VI. HOSPITALS ... ..	85—91
VII. MENTAL HEALTH ... ..	92—96
VIII. SOCIO-MEDICAL WORK ... ..	97—100
IX. MISCELLANEOUS ... ..	101—104
X. SANITARY CIRCUMSTANCES OF THE AREA ... ..	105—126

Public Health Dept.,  
The Council House,  
Corporation Street,  
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH AND  
EDUCATION COMMITTEES.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Reports for the year 1948.

July 5th, 1948, was the all-important date when some important services administered by the local authority were transferred to other newly constituted bodies. The bringing into operation of the National Health Service Act meant the loss, by the authority, of the City and Borough Fever Hospitals, and the Clinical Tuberculosis and Venereal Diseases Services. On the other hand, certain new duties such as ambulance services, home nursing, prevention, care and after-care of illness, were added to those already administered by the local health authority. Thus the Department saw many changes take place, not only in organisation but also in transference of staff. The whole complicated business went off without a hitch, and it speaks well for the goodwill shown by the local authority and the new hospital managements. Although sorry to lose the hospital services, the Health Department will now be able to concentrate all the more on prevention, which after all is its main duty. Nobody will deny that administration of the general curative services encroached much on time, with a consequent lessening of that which should have been spent on prevention and socio-medical work generally. Only time, however, will show whether the divorcing of the curative and preventive aspects of tuberculosis and infectious diseases will bring about the much-desired effects.

The National Assistance Act transferred to the Health Department all the duties concerning the welfare of handicapped persons. Thus the welfare of the blind is now the duty of the Department, and steps are being taken to ascertain the needs of other handicapped people in the town, preparatory to the formulation of schemes. All other duties under the Act, as it affects the local authority, are carried out by the Welfare Committee. I am glad to state that co-operation between the two departments is excellent and augurs well for this new service.

The estimated population has increased by 1,770 to 141,800. The birth rate has dropped from 22.09 (1947) to 18.65 (1948). There has also been a decrease in the death rate, 10.97 as compared with 12.25 last year, together with a decrease in the stillbirth rate from 22.9 (1947) to 18.1 (1948). It will be noted in the report that no deaths occurred from puerperal sepsis. Last



year's high infantile death rate of 54.3, due to an outbreak of gastro-enteritis, has dropped to 32.5. The infantile death rate is the most sensitive index of the efficiency of a town's health services, and it will be more than interesting to watch this rate over the coming years. Now that parents have no financial reasons impeding them from seeking early medical attention, one might reasonably expect some improvement.

A study of the graph showing birth rate and death rate per 1,000 living in Derby from 1900—1948 shows the interesting fact that during the 1914—1918 war there was a fall in the birth rate and a rise in the death rate, whereas during the 1939—1945 war the opposite occurred.

The percentage of births taking place in institutions has risen from 15% in 1918 to the high figure of 61% in 1948. Many more people desire institutional confinement than are capable of being accommodated, and hence arrangements had to be made to classify normal pregnancies on social grounds. This arrangement has worked well. The domiciliary case is at a financial disadvantage compared with the hospital case, and it would seem desirable to load the maternity allowance of the former accordingly.

In the section dealing with Maternity and Child Welfare it will be seen that 40.9% of mothers received gas and air analgesia during childbirth, although there are facilities for everyone wishing it to receive it. Many mothers preferred and were given Pethidine injections.

The number of babies entirely artificially fed at the first visit to the clinic dropped by 438 compared with last year. This is very satisfactory and reflects great credit on the work of the midwives and health visitors who are the great protagonists of breast feeding.

In the report dealing with Day Nurseries, it will be seen that by far the highest number of applications for admissions were classified as "Husband's income inadequate for family's needs," and compared with this figure (283) that quoted for inadequate housing (20) is relatively low. The number of applications for admission outstanding is 458, and one can only imagine the plight of some of these children. The effects of expert care, a well balanced and varied diet, regular sleep, activity and play have been most marked, and the mothers have been very appreciative of the service. Young women are most eager to take up this form of social work, and the high percentage of passes amongst the students shows how conscientiously they have applied themselves to their duties.

The section dealing with Dental Services merits careful consideration, especially in view of the fact that unless something is done soon nationally with regard to salary, etc., the whole service may collapse. Derby has been more fortunate than other areas during 1948, but at the time of writing this report the staff position has deteriorated. Thus we are faced with the position of a reduced staff having to cope with an increasing demand.

The School Medical Services have maintained their high degree of efficiency, and Dr. Morrison rightly focuses attention on the high number of children (28) who were notified as suffering from tuberculosis. 1,471

children were found to be verminous, and unless whole families consent to be cleansed there is little hope of getting rid of the habitual offender. Health education has indeed a hard task set before it. The figure of 655 handicapped children in the town merits great attention to this problem, and I am happy to state that when the new school for delicate children is opened a considerable advance will have been made.

During the period January 1st—July 4th, 1948, 456 successful vaccinations were done on infants, whereas only 27 were done during the period July 5th—December 31st, 1948. No doubt the repeal of the Vaccination Acts had a lot to do with this large decrease in numbers. It was hoped that persuasion would be better than compulsion, but results so far show that the public do not respond so well for vaccination as they do for immunisation against diphtheria. The idea of smallpox seems too remote for them.

For the first time no case of diphtheria occurred during the year. This is most satisfactory, and shows us the beneficial results which one can obtain with a vigorous campaign of immunisation.

Mention must be made of housing cases of pulmonary tuberculosis. Because of the housing shortage, only infectious cases are referred to the Housing Committee for re-housing, and this type of case should be an absolute priority one. In the report it will be seen that the average length of stay in hospital for a pulmonary tuberculosis patient is 234.6 days. It need hardly be mentioned that treatment for the tuberculosis patient is a most costly one. Further, the most fruitful source of early cases is to be found in contacts of already established cases. During the year, Dr. Grace found that 21 such contacts were suffering from active tuberculosis. Throughout the country the incidence of pulmonary tuberculosis could be substantially reduced if we put into effect already existing knowledge of this disease.

Adequate housing of the tuberculous would go a long way in achieving this much-desired effect. Apart from the physical danger of infection, the mental stress and strain in an overcrowded tuberculous household is enough to tax the strength of most. If a modest 5% of adequate housing could be earmarked for the tuberculous in the next few years, pressure on hospital beds would be eased, a lot of money saved, and much human misery abolished.

During the year the new Mental Welfare Sub-Committee was established and some valuable work has been done in this sphere. The Occupation Centre for mentally defective children moved into new premises, but unfortunately not all children could be accommodated because of lack of fully trained staff. Excellent work has also been done in care and after-care of persons suffering from other forms of mental illness, as a perusal of the report will show. The work is as yet new to the Department and in its infancy. Although the service did not commence until July 5th, 1948, 126 cases were dealt with during the year.

The work of the Almoner's Department was considerably expanded during the year, and in the latter half alone 666 interviews were made and 132 patients dealt with. Prior to July 5th, 1948, only tuberculous patients were mainly helped, but with the passing of the National Health Service Act all cases of illness or injury are eligible for help and advice.



The Home Nursing Service was severely taxed during the year, and it is interesting to note that during the period January 1st—July 4th, 1948, 7,880 visits were made, whereas during the period July 5th—December 31st 15,982 visits were made. The demand on the Home Nursing Service doubled, and there is evidence that the demand will increase in the future. The main obstacle in meeting this demand is the difficulty in obtaining the services of fully trained staff. Those members of the public who would like to do some useful social work could greatly relieve the staff by volunteering to bath some of the old folk, and hence give the fully trained nurses more time to devote to seriously ill cases.

The Sanitary Department was seriously handicapped during the year through shortage of experienced staff. Even so, a tremendous amount of essential work was carried out. An interesting point is the fact that, although the number of cattle slaughtered during the year was 13,508 compared with 13,827 last year, the number of whole carcasses condemned rose from 216 in 1947 to 324 in 1948. The total weight of unsound meat condemned was 206 tons and gives some clue as to the onerous work of the meat inspectors. Furthermore, it is a sober reminder of the extent of disease in cattle, and should stimulate all concerned to try and reduce its incidence, especially in view of the present world food shortage.

I should like to close this Report on a personal note and to thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation, and finally I wish to thank the entire staff for their willing co-operation and service, which made the somewhat arduous work of the year both exhilarating and pleasant.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

## I—GENERAL.

## STATISTICAL SUMMARY.

Area of Borough ... ..	8,133 Acres.
Elevation above sea level—	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1931	<div> <div>Males 68,893</div> <div>Females 73,510</div> </div> 142,403
Estimated Population for 1948	141,800
Number of Houses (1931 Census)	34,875
„ Inhabited Houses at end of 1948 (according to Rate Books)	39,630
No. of Uninhabited Houses at end of 1948 (according to Rate Books, incl. prop. scheduled for demolition)	40
Number of Families or separate Occupiers (Census 1931)	35,949
Number of persons per acre at Census, 1921...	24.6
„ „ „ 1931...	20.0
Number of persons per House at Census, 1921	4.55
„ „ „ 1931	3.97
Rateable Value of the Borough (General Rate)	£1,010,535
Estimated amount realised by a Penny Rate	£3,950

## 1948.

Rate per thousand population.

Marriages ... ..	1,404	...	...	19.1
	Total.	Males.	Females.	
Live Births, (Registered)	Legitimate 2,496	1,271	1,225	
	Illegitimate 149	71	78	
	Total 2,645	1,342	1,303	Birth rate ... 18.65
Still Births (Registered)	48	29	19	Rate per 1,000 total births 18.1
Births (notified) ...	2,598	—	—	
Deaths ... ..	1,556	820	736	Death rate ... 10.97
Percentage of Total Deaths occurring in Public Institutions	...	...	...	44.4
Excess of Births registered over Deaths	...	...	...	1,089
Deaths from Puerperal Causes—				Rate per 1,000 total (live and still) births.
		Deaths.		
Puerperal Sepsis ... ..	...	—	...	—
Other Puerperal Causes	...	3	...	1.12
Total ... ..	...	3	...	1.12

## Deaths of Infants under one year of age—

Legitimate, 80.      Illegitimate, 6.      Total, 86.

## Death Rate of infants under one year of age per 1,000 live births—

Legitimate, 32.1      Illegitimate, 40.3.      Total, 32.5.

Deaths from Measles (all ages) ...	...	...	...	...	...	—
„ Whooping Cough (all ages) ...	...	...	...	...	...	3
„ Diarrhœa (under 2 years of age) ...	...	...	...	...	...	16

**BIRTHS.**

Birth-rate, 1948 ...      ...      ...      ...      ...      ...      ...      18.65

The Births registered during the year numbered 2,645, as compared with 3,094 in 1947.

							Rate per 1,000 population.	
<b>DEATHS.</b>								
Zymotic Diseases	...	...	...	...	...	...	18	0·13
Tuberculosis of Respiratory System				...	...	...	58	0·41
Other Tuberculous Diseases				...	...	...	13	0·09
Respiratory Diseases	...	...	...	...	...	...	148	1·04

## NATIONAL STATISTICS :—

	E. & W.	COUNTY BOROUGH (including London).	SMALLER TOWNS.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate ...	17.9	20.0	19.2	20.1	18.65
Death Rate ...	10.8	11.6	10.7	11.6	10.97
Infantile Mortality (per 1,000 Births) ...	34	39	32	31	32.5



## Causes of, and Ages at Death, during 1948.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.												TOTAL DEATHS IN PUBLIC INSTITUTIONS.		
	All Ages.	Under 1 year	1 & under 5 yrs.	5 & under 10 yrs.	10 & under 15 yrs.	15 & under 20 yrs.	20 & under 35 yrs.	35 & under 45 yrs.	45 & under 55 yrs.	55 & under 65 yrs.	65 & under 75 yrs.	75 & over.	Residents.	Non-Residents.	Non-Civilians.
Typhoid and Paratyphoid															
Fevers ...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	...
Cerebro-Spinal Fever ...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	3	3	...	...	...	...	...	...	...	...	...	...	2	1	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Tuberculosis of Respiratory															
System ...	58	...	...	...	...	3	19	13	12	6	5	...	36	5	1
Other Forms of Tubercu-															
losis ...	13	1	2	...	1	...	4	3	...	1	...	1	9	5	...
Syphilitic Diseases ...	11	...	...	...	...	...	...	1	...	3	5	2	8	3	...
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Acute Polio & Polio En-															
cephalitis ...	1	...	...	...	...	...	1	...	...	...	...	...	1	6	...
Acute Infectious Enceph-															
alitis ...	3	...	...	...	...	...	1	...	1	1	...	...	2	1	...
Cancer of Buccal Cavity...	3	...	...	...	...	...	...	...	...	...	3	...	1	2	...
Cancer of Uterus ...	19	...	...	...	...	...	...	1	3	7	6	2	8	3	...
Cancer of Stomach and															
Duodenum ...	35	...	...	...	...	...	...	1	5	7	15	7	11	10	...
Cancer of Breast ...	32	...	...	...	...	...	...	4	5	6	8	9	13	5	...
Cancer of All Other Sites...	139	...	...	...	...	1	1	5	21	36	47	28	69	55	...
Diabetes ...	13	...	...	...	...	...	1	...	2	3	5	2	6	7	...
Intra-Cranial Vascular															
Lesions ...	168	...	...	1	...	...	...	1	8	33	51	74	57	15	...
Heart Disease ...	442	...	...	...	1	1	1	9	34	72	154	170	122	63	...
Other Diseases of Circula-															
tory System ...	68	...	...	...	...	...	...	2	6	7	20	33	20	10	...
Bronchitis ...	70	2	...	...	...	1	1	3	5	15	23	20	22	...	...
Pneumonia ...	55	9	3	1	...	1	2	3	3	8	10	15	36	23	...
Other Respiratory Diseases	23	...	...	...	...	...	...	1	5	5	6	6	7	5	...
Ulcer of Stomach and Duo-															
denum ...	25	...	...	...	...	...	1	3	6	5	7	3	21	6	...
Diarrhoea ...	16	14	2	...	...	...	...	...	...	...	...	...	12	14	...
Appendicitis ...	7	...	...	...	...	...	1	...	1	4	1	...	6	9	...
Other Digestive Diseases...	39	...	...	...	...	...	2	2	3	8	16	8	27	36	...
Nephritis ...	37	...	1	1	1	1	1	2	1	8	9	12	15	11	...
Puerperal and Post Abor-															
tive Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Maternity Causes ...	3	...	...	...	...	...	2	1	...	...	...	...	3	3	...
Premature Birth ...	26	26	...	...	...	...	...	...	...	...	...	...	24	60	...
Congenital Malformation,															
Birth Injury, etc. ...	23	21	2	...	...	...	...	...	...	...	...	...	17	31	...
Suicide ...	15	...	...	...	...	...	2	5	4	...	4	...	3	3	...
Road Traffic Accidents ...	4	...	...	...	...	1	1	...	...	1	1	...	3	13	1
Other Violent Causes ...	33	6	...	3	...	1	5	2	3	...	2	11	13	16	...
All Other Causes ...	170	3	2	...	1	3	10	10	12	18	38	73	116	68	...
Totals ...	1556	86	12	6	5	13	56	72	140	254	436	476	692	494	2



# CAUSES OF DEATHS AND WARD DISTRIBUTION, 1948.

DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).

Causes of Death.	Total.	Abbey.	Alvaston.	Arbor.	Bab.	Becket.	Bridge.	Castle.	Dale.	Derwent.	F. Gate.	K. Mead.	Litch.	Norman.	Osmas.	Pear Tree.	Rowditch.	Strangers.	Non-Civilians
Typhoid and Paratyphoid Fevers	1											1							
Cerebro-Spinal Fever	1																1		
Scarlet Fever																			
Whooping Cough	3													1			2		
Diphtheria																		1	
Tuberculosis of Respiratory System	58	5	5	1	2	1	4	5	1	5	4	4	5	5	5	2	4	5	1
Other Forms of Tuberculosis	13	1		2	1			1	2				2	1	2	2	1	5	
Syphilitic Diseases	11	1	1	1	1		2	1		1		1						3	
Influenza																		1	
Measles																		3	
Acute Polio and Polio Encephalitis	1							1										6	
Acute Infectious Encephalitis	3				1			1							1			1	
Cancer of Buccal Cavity	3						1			1	1		1					2	
Cancer of Uterus	19		3	2	1	2		3				2	1		1	1	2	3	
Cancer of Stomach and Duodenum	35		3	3	2	1	2	4	3	4	1	2			4	1	4	11	
Cancer of Breast	32	3												2	1			5	
Cancer of All Other Sites	139	11	10	9	12	7	10	10	8	10	4	1	9	11	13	4	4	55	
Diabetes	13	1	2	1			1		1	1		1	2	1		2		7	
Intra-Cranial Vascular Lesions	168	7	9	11	9	10	8	5	16	16	16	4	12	11	14	12	8	18	
Heart Disease	442	22	34	18	24	21	22	27	25	33	39	29	31	32	32	22	31	69	
Other Diseases of Circulatory System	68	3	3	1	3	1	6	2	9	2	4	1	12	7	3	3	8	10	
Bronchitis	70	8	2	4	6	5	2	2		9	5	6	5	7	3	4	2	1	
Pneumonia	55	2	1	7	2	1	4	6	2	6	2	5	1	4	4	3	5	23	
Other Respiratory Diseases	23	2	1	1	1	2	2	1	2	2	1		1		2	3	2	3	
Ulcer of Stomach and Duodenum	25	2	1	2	3	1	2	1	1	2	1	2		2	2	1	2	6	
Diarrhoea (under 2 years)	16		3	1	1	1		1	1	1	1	1				1	1	14	
Appendicitis	7	1			1			1		1	1	1			1			9	
Other Digestive Diseases	39	2	4	1	2	2	1	1	1	5	2	5	4	3	5		1	36	
Nephritis	37	1	2	2	2	1		1	6	7	1			2	2		1	12	
Puerperal and Post Abortive Sepsis																			
Other Maternity Causes	3	1								1					1			3	
Premature Birth	26	2	1		1		1	1	1	3	4	2	4	2	2	1	1	60	
Congenital Malformation and Birth Injury, etc.																			
Suicide	23	1	2	2	1		2		2	3	2	2	1	3			2	31	
Road Traffic Accidents	15		3			1	2	2	2	1	2		1				1	4	
Other Violent Causes	4								1						3			14	
All Other Causes	33		1	3	5	7	1		3	4		3		3	1		2	18	
	170	14	10	5	13	9	16	10	7	22	6	7	11	12	8	8	12	68	
Totals	1556	93	101	79	95	74	89	90	102	148	101	92	106	109	110	70	97	509	2

**Burials.**—The total burials in the Derby Cemeteries for the year 1948 were 1,585, 1,508 ordinary burials and 77 still-born.

**Inquests held during 1948.**—These numbered 93 — 52 males and 41 females.

**Mortuary.**—Dead bodies received during the year, 124. Post mortem examinations, 289.

## Causes of Death during 10 Years, 1939—1948.

CAUSE OF DEATH.	YEARS.									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Typhoid and Paratyphoid Fevers ...	...	...	...	...	1	...	...	...	...	1
Cerebro-Spinal Fever ...	...	19	6	4	3	1	3	...	1	1
Scarlet Fever ...	1	...	...	...	...	1	...	...	...	...
Whooping Cough ...	4	1	12	1	7	5	1	4	1	3
Diphtheria ...	14	15	10	1	9	4	...	...	1	...
Tuberculosis of Respiratory System...	84	78	86	78	83	65	70	55	55	58
Other Forms of Tuberculosis ...	11	17	13	12	15	14	8	8	12	13
Syphilitic Diseases ...	12	9	16	13	7	10	10	8	12	11
Influenza ...	21	33	16	9	48	10	18	13	10	...
Measles ...	...	4	3	4	2	1	2	...	2	...
† Acute Polio and Polio Encephalitis...	...	1	...	1	...	...	...	...	1	1
Acute Infectious Encephalitis ...	2	4	5	5	...	1	1	2	1	3
Cancer ...	202	224	197	192	245	221	241	231	250	228
Diabetes ...	24	25	10	20	20	17	12	10	14	13
Intra-Cranial Vascular Lesions ...	107	149	140	148	169	170	152	144	152	168
Heart Disease ...	432	616	427	425	433	406	458	422	504	442
Other Diseases of Circulatory System...	132	55	50	49	38	62	57	68	71	68
Bronchitis ...	49	114	123	83	100	89	67	90	106	70
Pneumonia ...	76	86	67	56	83	70	83	73	84	55
Other Respiratory Diseases ...	20	19	15	9	19	19	26	20	22	23
Ulcer of Stomach and Duodenum ...	13	23	23	16	23	18	21	24	16	25
Diarrhoea (under 2 years of age) ...	6	10	18	14	12	20	20	9	42	16
Appendicitis ...	14	5	9	7	11	4	8	6	6	7
Other Digestive Diseases ...	42	46	41	40	52	28	35	29	43	39
Nephritis ...	49	42	53	31	43	45	29	27	32	37
Puerperal and Post-Abortive Sepsis ...	2	3	1	2	1	1	1	...	...	...
Other Maternity Causes ...	2	2	6	7	7	5	4	3	5	3
*Premature Birth ...	...	32	26	27	41	41	33	35	40	26
*Congenital Malformation, Birth In- jury, etc. ...	59	26	31	41	34	39	31	33	37	23
Suicide ...	18	12	18	10	7	9	7	14	11	15
‡ Road Traffic Accidents ...	...	11	19	12	18	10	18	15	11	4
Other Violent Causes ...	70	64	53	60	29	33	44	24	26	33
All Other Causes ...	206	204	148	163	169	137	147	114	148	170
ALL CAUSES—TOTALS ...	1672	1949	1642	1540	1729	1556	1607	1481	1716	1556

† Included with "All Other Causes" prior to 1940.

\* Combined prior to 1940.

‡ Included with "Other Violent Causes" prior to 1940.

**Derby Rainfall, 1948.**

We are indebted to Messrs. J. Davis & Son for the following Table.

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 164 rainy days in 1948. The amount of rain which has fallen is 28.93 inches, which is 0.74 inches higher than that of the average of the twenty-one years 1927-47. The detailed figures are as follows:—

DERBY.				Average for Derby, 1927-47 inclusive.	
			No. of rainy days.	Inches.	
January	...	...	27	5.58	2.88
February	...	...	15	1.65	1.99
March	...	...	9	0.73	1.79
April	...	...	15	1.94	1.95
May	...	...	9	1.28	2.05
June	...	...	18	2.60	1.99
July	...	...	8	1.00	2.83
August	...	...	15	4.62	2.31
September	...	...	9	1.99	2.29
October	...	...	10	1.97	2.68
November	...	...	15	1.78	3.10
December	...	...	14	3.79	2.33
—				—	—
164				28.93	28.19
—				—	—

TABLE I

BIRTH RATE PER 1,000 LIVING -----

DEATH RATE PER 1,000 LIVING - - - - -

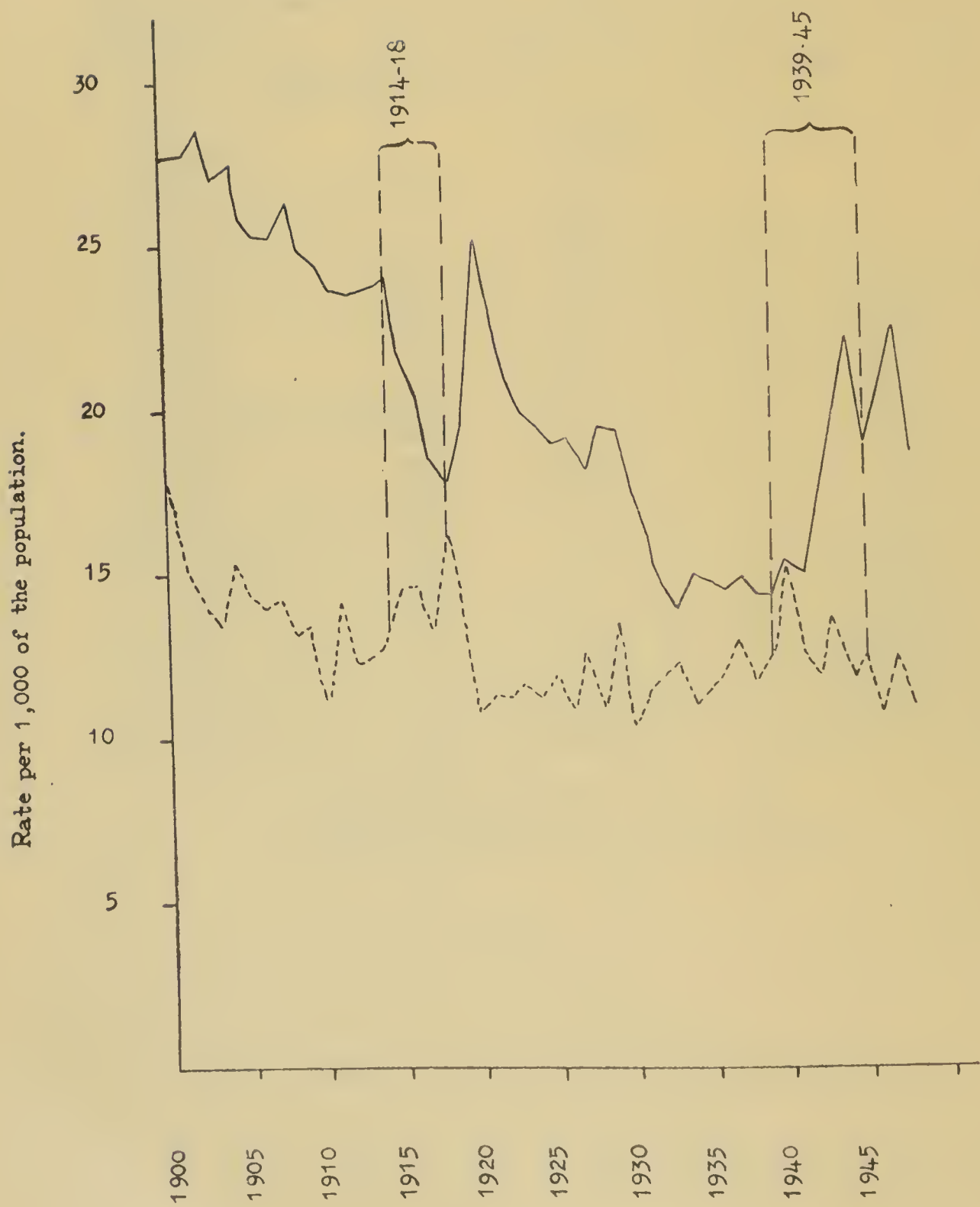


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.

1900-1948.

Rate per 1,000 of the population.

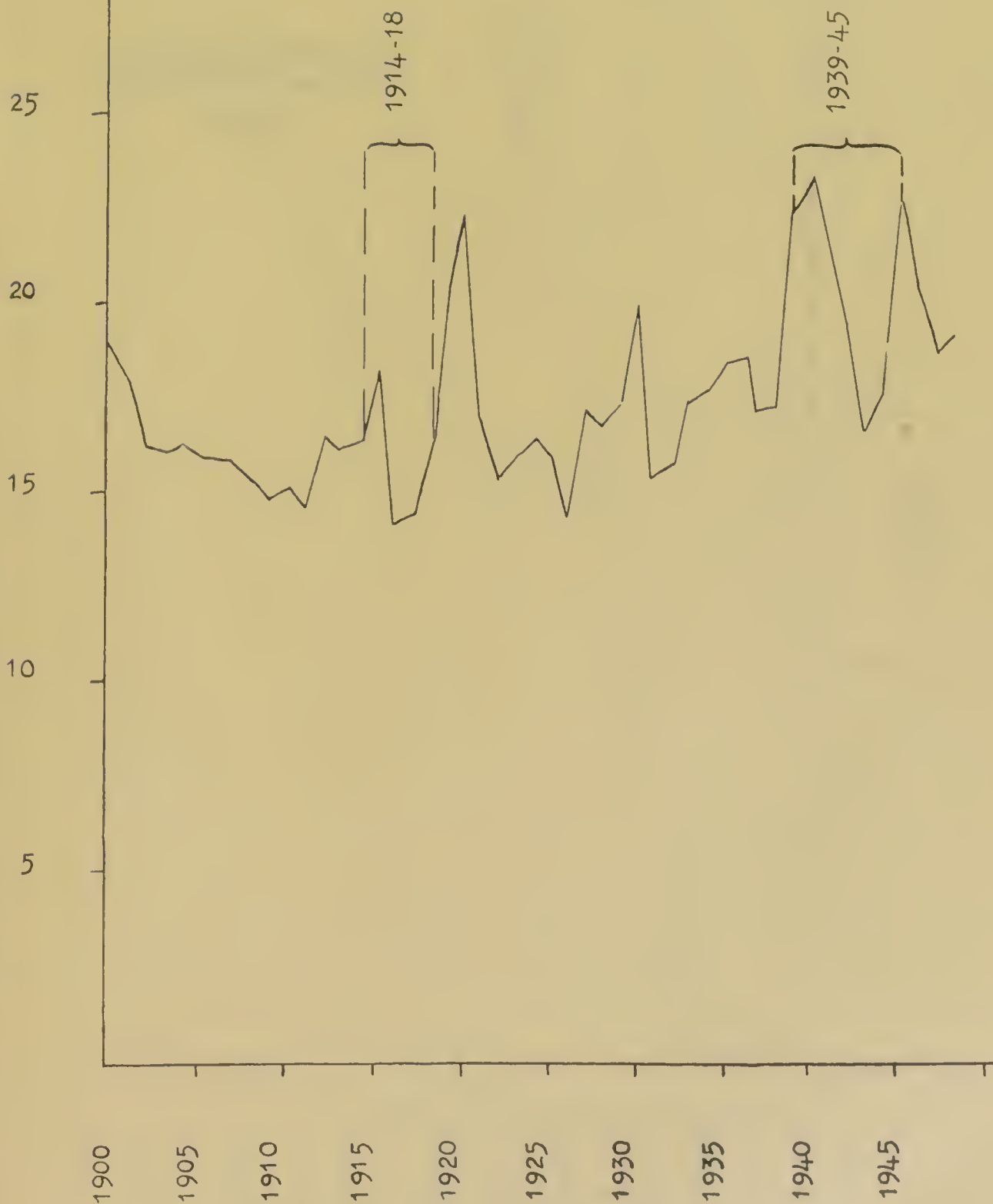




TABLE III

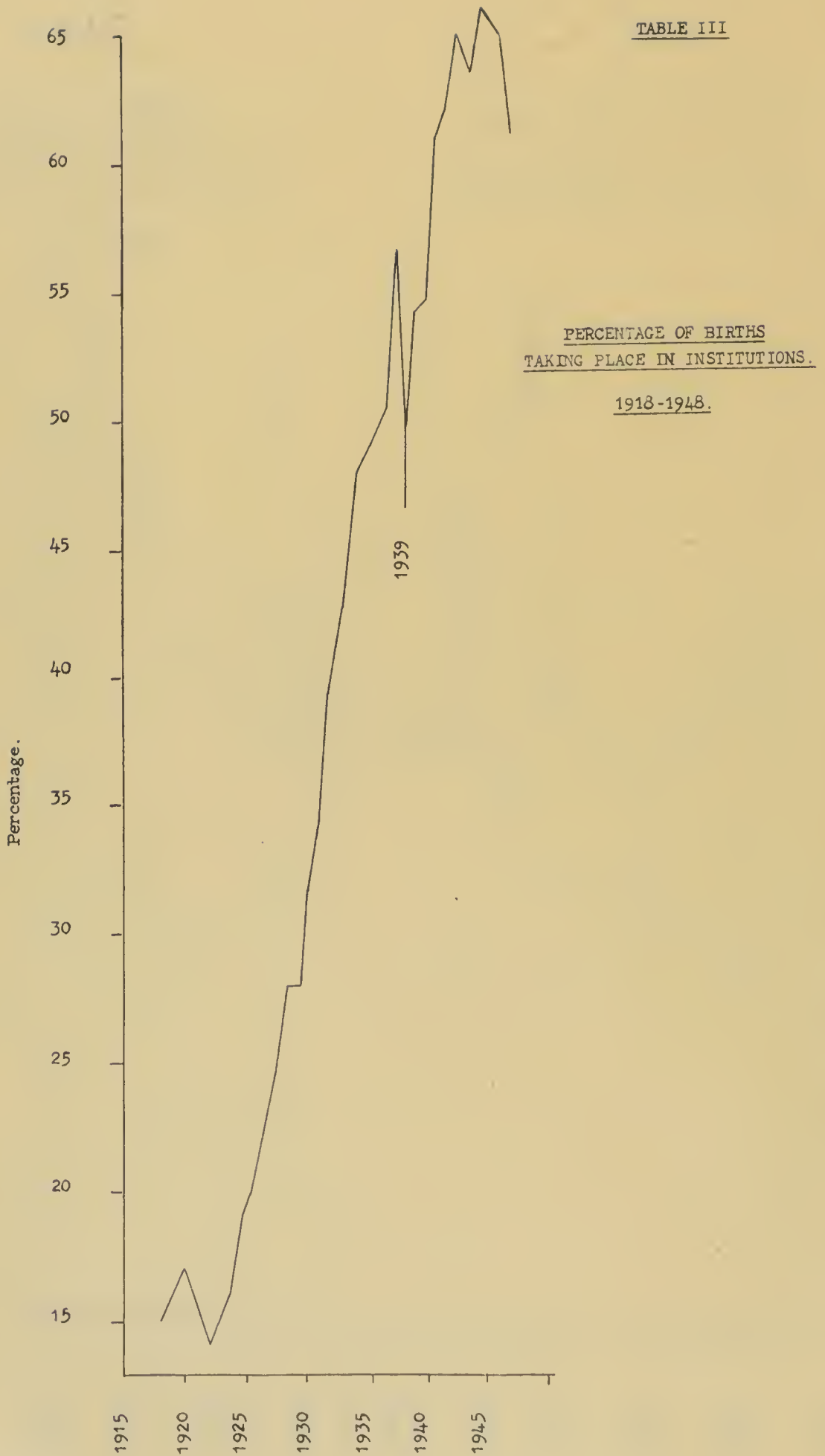




TABLE IV

Infantile Mortality Rate  
per 1,000 Live Births ———

Maternal Mortality Rate  
per 1,000 Births - - - - -

1900-1948.

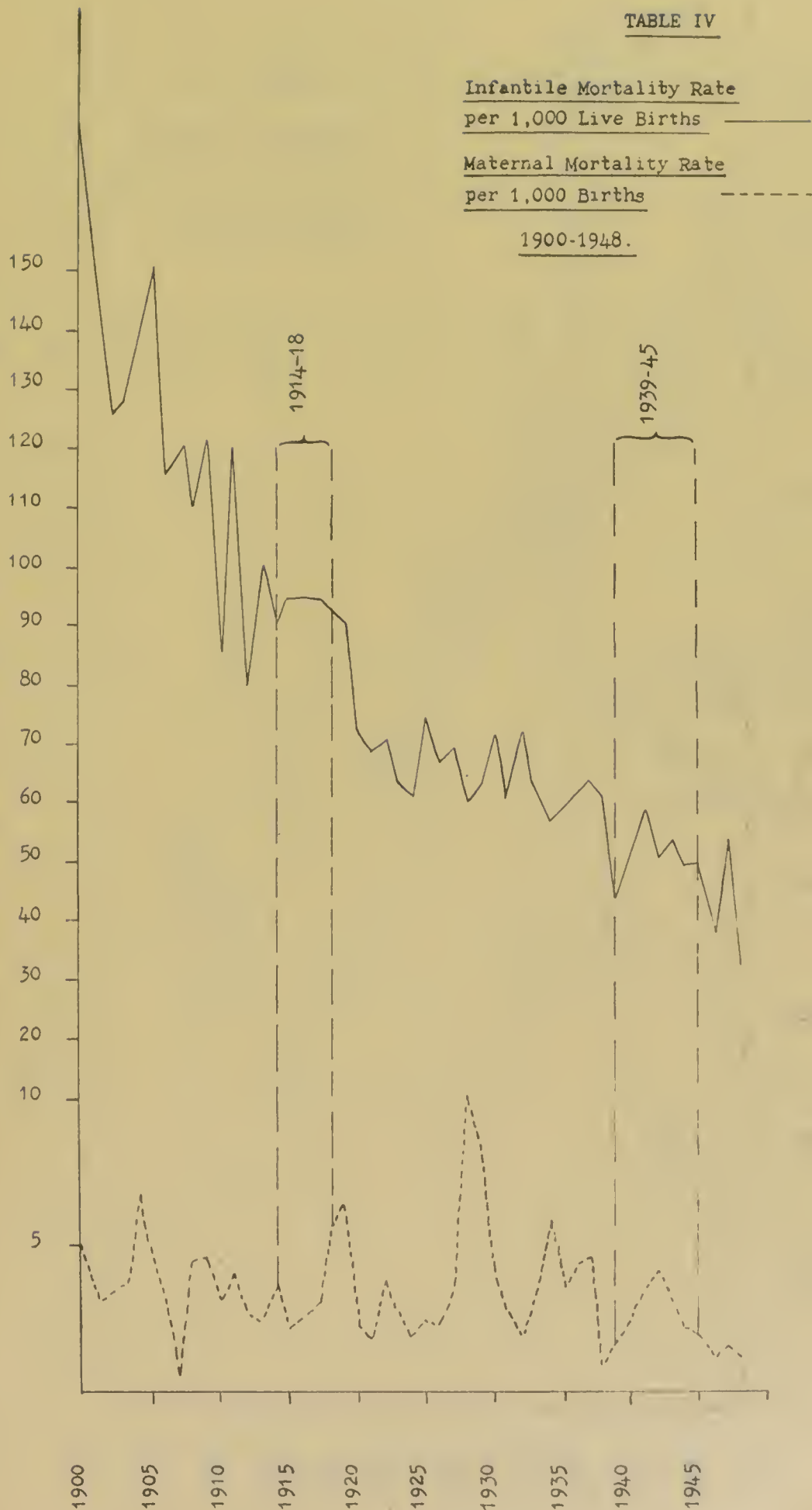




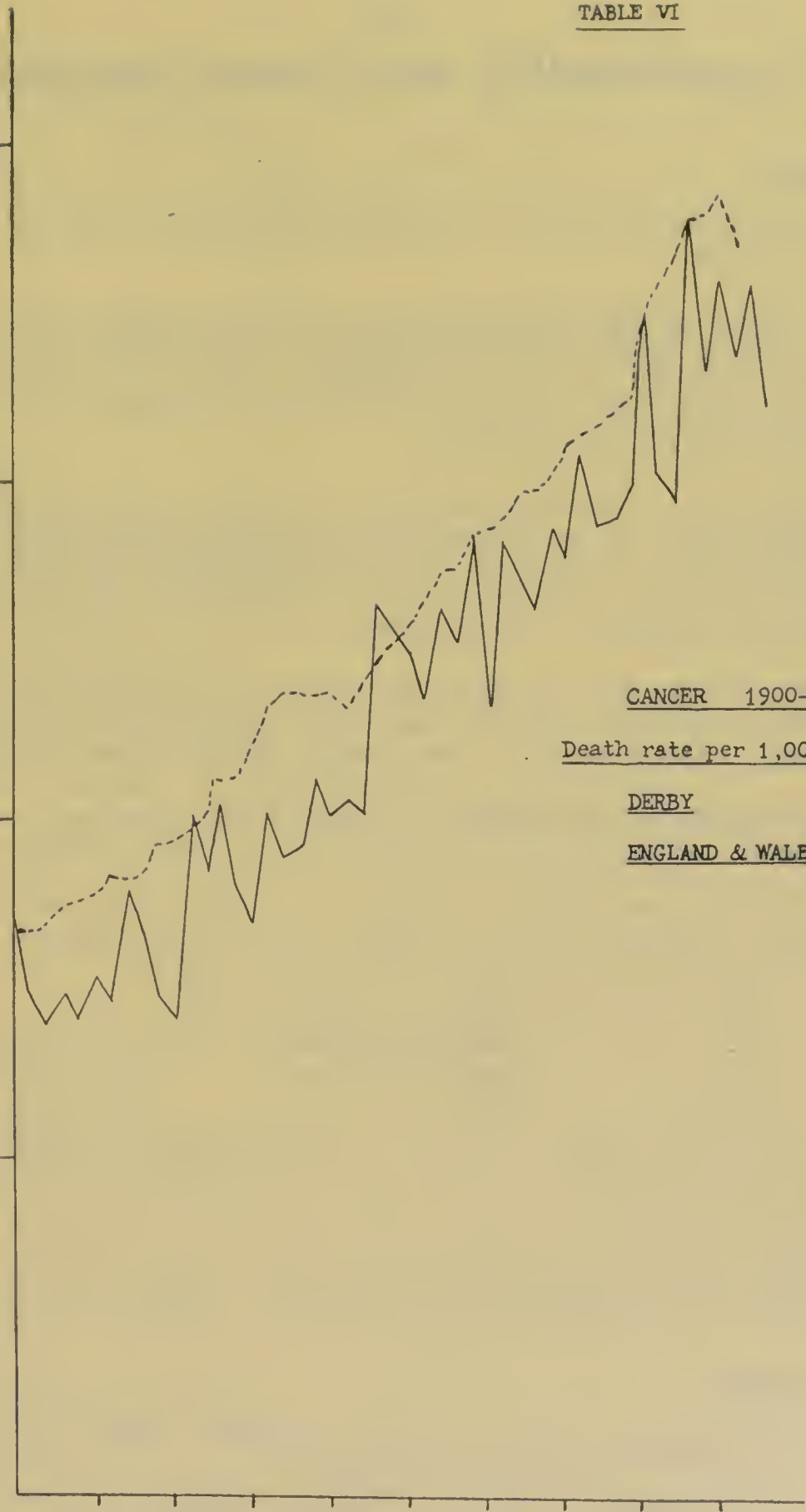
TABLE VI

Rate per 1,000 population.

2.0  
1.5  
1.0  
0.5

1900 1905 1910 1915 1920 1925 1930 1935 1940 1945

CANCER 1900-1948.  
Death rate per 1,000 population.  
DERBY —————  
ENGLAND & WALES - - - - -



## II—MATERNITY AND CHILD WELFARE.

### Midwives.

72 Midwives gave notice of intention to practise within the Borough during 1948—

55 were attached to institutions (17 at the City Hospital, 14 at the Queen Mary Nursing Home, 12 at the Nightingale Nursing Home, and 12 at the Women's Hospital); 17 were in domiciliary practice (9 in connection with the Health Department, 6 with the Royal Nursing Institution, and 2 practised privately until the 4th July only).

There were 7 Municipal Midwives practising in the Borough at the beginning of the year, one left on the 14th August to practise elsewhere, but an additional one was appointed on the 1st September, one of the midwives in private practice until the 4th July was appointed on 5th July, thus bringing the number up to 8 practising at the end of the year.

After the 5th July the Royal Nursing Institution operated an extended domiciliary midwifery service as an agency on behalf of the Local Health Authority under Section 23 of the National Health Service Act, 1946.

A Non-Medical Supervisor of Midwives was appointed on the 6th December.

The Municipal Midwives attended 445 confinements, including non-residents, and medical aid was sought in 118 cases as follows:—

77	on account of mother or expectant mother.
32	„ „ „ infant.
5	„ „ „ mother and infant.
2	„ „ „ mother and twins.
2	„ „ „ twins.

No maternal deaths occurred in the cases booked by Municipal Midwives.

The 2 midwives practising privately in the Borough attended 98 cases (97 births and 1 still-birth) up to the 4th July. Medical aid was sought in 19 cases, 17 on account of the mother and 2 on account of the infant.

### Medical Aid.

In addition to the 137 cases already mentioned, medical aid was summoned by domiciliary midwives in 204 cases:—

140	on account of mother or expectant mother.
58	„ „ „ infant.
5	„ „ „ mother and infant.
1	„ „ „ twins.





**Babies.**

Eye discharges ... ..	43
Prematurity ... ..	14
Foetal distress ... ..	11
Feeble infant, etc. ... ..	11
White asphyxia ... ..	10
Malformation ... ..	8
Jaundice ... ..	7
Cyanosis ... ..	6
Twins (premature, undiagnosed, etc.) ... ..	6
Colds, chills, etc. ... ..	4
Stillborn ... ..	3
Rashes and septic conditions ... ..	3
Various (death, hydrocephalus, vomiting, prolapsed cord, inflammation, etc.) ... ..	14
	<hr/> 140

Total Calls—Mothers ... ..	481
Babies ... ..	140
	<hr/> 621

**Ante-Natal Clinics.****Municipal Domiciliary Cases.****GREEN STREET.**

1,003 attendances were made at 51 sessions.

164 women attended for the first time.

**TEMPLE HOUSE.**

1,388 attendances were made at 51 sessions.

262 women attended for the first time.

**†ROE FARM.**

411 attendances were made at 31 sessions.

94 women attended for the first time.

**Royal Nursing Institution Domiciliary Cases.****TRINITY STREET.**

1,976 attendances were made at 51 sessions.

466 women attended for the first time.

**City Hospital Institutional Cases.****CITY HOSPITAL.**

9,082 attendances were made by 1,282 women.

**BOULTON.**

740 attendances were made, 22 women attending for the first time.

**ROE FARM.**

621 attendances were made, 26 women attending for the first time.

† Commenced 2nd June, 1948.



**Post-Natal Clinics.****Municipal Domiciliary Cases.**

GREEN STREET.

19 attendances were made.

TEMPLE HOUSE.

26 attendances were made.

ROE FARM.

1 attendance was made.

**Royal Nursing Institution Domiciliary Cases.**

TRINITY STREET.

389 attendances were made.

**City Hospital Institutional Cases.**

CITY HOSPITAL.

852 attendances were made.

**Maternal Mortality.**

The Maternal Mortality rate for 1948 was 1.12 per 1,000 total births (live and still). The form of questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents.

<i>Age.</i>	<i>Cause of death.</i>	<i>Institution.</i>	<i>Children left.</i>
35	(1a) Cerebral Embolism, (b) Pulmonary Embolism, (2) Mitral Stenosis ... ..	D.C.H.	2
27	(1a) Post-parturition Shock, (b) Obstructed Labour with Instrumental Delivery ...	Q.M.N.H.	—
23	(1) Eclampsia, (2) Sub-acute Bacterial Endo- carditis (P.M.) ... ..	D.C.H.	—
23	Cerebral Haemorrhage due to Eclampsia (P.M.)	W.H.	—
20	Cerebral Haemorrhage due to Eclampsia (P.M.)	W.H.	—
40	(1) Acute Pulmonary Oedema due to Myocar- ditis, (2) Toxaemia of Pregnancy (P.M.) ...	W.H.	—

**Births.**

3,853 notifications were received during 1948 under the Notification of Births Act, 1907. Of these, 2,598 were live births and 51 were still-births relating to Derby residents. 1,169 were live births and 35 were still-births relating to non-residents. The details were as follows:—

	<i>Derby Residents.</i>		<i>Non-Residents.</i>	
	<i>No.</i>	<i>Percent- age.</i>	<i>No.</i>	<i>Percent- age.</i>
<b>Live Births.</b>				
Notified by Midwives ... ..	927	24.06	16	0.42
Notified by Doctors ... ..	93	2.41	5	0.13
Notified from Institutions by Midwives	1275	33.09	679	17.62
Notified " " " Doctors	303	7.86	469	12.17
<b>Still-Births.</b>				
Notified by Midwives ... ..	10	0.26	...	...
Notified by Doctors ... ..	3	0.08	...	...
Notified from Institutions by Midwives	22	0.57	21	0.55
Notified " " " Doctors	16	0.42	14	0.36
<b>Totals ... ..</b>	<b>2,649</b>	<b>68.75</b>	<b>1204</b>	<b>31.25</b>

1,616, or 61.0%, of total births relating to residents took place in Institutions. 2,645 births were registered.

### Still-Births.

86 Still-Births were notified (33 being notified by Medical Practitioners and 53 by Midwives). 51 were in respect of Derby residents and 35 non-residents. There were 77 burials of still-born children in the Derby cemeteries during the year. 48 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 1.8.

51 still-births were investigated.

### Analgesia.

At the end of the year all of the 12 Domiciliary Midwives were qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board. Eight sets of apparatus were in use by these midwives.

During the year analgesics were administered as shown under in Domiciliary Confinements :—

Period.	No. of Confinements.	Analgesics Administered.	Percentage.
1st January to 4th July ...	468	116	24.8
5th July to 31st December ...	469	267	56.9
<b>TOTAL ...</b>	<b>937</b>	<b>383</b>	<b>40.9</b>

Pethidine was administered in a number of cases where gas and air was not used.

### Care of Premature Infants.

1. Total number of Premature Babies notified during year (i.e., Babies weighing  $5\frac{1}{2}$  lbs. or less at birth) ... 287
2. Total number of Premature Babies notified during year whose mothers are normally resident within the Borough ... 163
3. Total number born at home ... 51
4. Number born at home and nursed entirely at home ... 35
5. Number included in (4) who died in first 24 hours ... —
6. Number included in (4) who survived at end of one month ... 34
7. Total number born in hospital—Residents ... 113  
Non-Residents ... 123  
— 236
8. Number included in (7) who died in first 24 hours—  
Residents ... 10  
Non-Residents ... 9  
— 19
9. Number included in (7) who survived at end of one month—  
Residents ... 91  
Non-Residents ... 92  
— 183

## REPORT ON THE SURVIVAL OF PREMATURE BABIES BORN DURING 1947.

Once again an enquiry has been made regarding the progress of the Premature Children born in 1947. In that year the number born was 224 and at the end of one year from the date of birth there were 159 surviving. The total number of children who died in their first year, therefore, was 65, which gives an infantile mortality rate of 290. As in previous enquiries, it was found that generally the heavier the child at birth the greater the chance of survival, although in this series the 2 lb. babies did as well as the 3 lb. ones.

WEIGHT AT BIRTH.	Total No. Born.	Total No. of Deaths.	Percentage Mortality.
Between 5 and 5½ lbs. ... ..	112	11	9.8
„ 4 „ 5 „ ... ..	65	18	27.7
„ 3 „ 4 „ ... ..	34	23	67.6
„ 2 „ 3 „ ... ..	8	5	62.5
Under 2 lbs. ... ..	5	5	100

An interesting feature of the enquiry was that, of the 112 children born weighing 5 lbs. or over, 12 were twins and they all survived their first year. Of the 65 children weighing between 4 and 5 lbs., 18 were twins and only 3 died, but of the 47 single births 15 died—a percentage of 17 against 32. Is this significant, having regard to the small numbers involved, or is a twin baby a smaller edition of the normal mature infant, and therefore less delicate?

# Infantile Mortality during the year 1948.

Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
i. Common Infectious Diseases.	Measles	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	1	1	1	3
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhœal Diseases.	Influenza	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	...	...	...	...	6	2	5	1	14
	Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
iii. Wasting Diseases.	Premature Birth	...	...	25	1	...	...	26	...	...	...	...	26
	Congenital Defects	...	...	3	2	1	...	6	1	1	...	...	8
	Injury at Birth	...	...	4	...	1	...	5	...	...	...	...	5
	Atelectasis	...	...	2	1	...	...	3	...	...	...	...	3
iv. Tuberculous Diseases.	Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	...	...	1
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...
v. Other Causes.	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	...	...	...	...	2	...	2
	Pneumonia	...	...	...	1	...	...	1	3	3	1	1	9
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Causes	...	...	5	1	...	1	7	4	4	...	...	15
TOTALS				39	6	2	1	48	14	12	9	3	86

Births registered { Legitimate 2,496  
 Deaths { Legitimate Infants 80    Infantile Mortality = 32.1  
                   { Illegitimate    6                    "                    = 40.3    } 32.5 per 1,000 reg'd Births



**Attendances at Welfare Centres.**

CENTRE.	Welcomes held.	No. of Children attending.	Attendances.			No. of Children weighed.	No. of Children seen by Doctor.
			Mothers.	Babies.			
				Under 1	1-5 Yrs.		
Boulton ...	101	415	4770	3527	1360	4853	1087
Nightingale Rd.	104	516	3749	2684	1194	3839	999
Rutland Street ...	104	556	4630	3344	1429	4768	982
St. Giles', N'ton...	104	518	3739	2787	1146	3861	1024
Sinfin ...	50	83	492	382	114	488	—
Temple House ...	101	481	4450	3220	1342	4552	1401
Dean Street ...	51	205	2702	2143	594	2725	745
Roe Farm ...	103	555	4847	3536	1455	4934	1340
Green Street ...	154	707	5724	4001	1859	5823	1298
Trinity Street ...	50	520	3015	2821	560	3381	612
Totals ...	922	4556	38118	28445	11053	39224	9488

**Number of Children making first attendances in 1948.**

CENTRE.	Under 1 m'th.	1-3 m'ths.	3-6 m'ths.	6-9 m'ths.	9 m'ths 1 year.	Total.	1-5 years.	Total.
Boulton ... ..	111	68	27	7	5	218	16	234
Nightingale Road	88	78	12	4	2	184	16	200
Rutland Street ...	107	81	20	4	6	218	27	245
St. Giles', Norm't'n	92	80	11	5	3	191	19	210
Sinfin ... ..	15	14	3	2	2	36	—	36
Temple House ...	186	156	34	14	10	400	46	446
Dean Street ...	80	42	10	7	1	140	6	146
Roe Farm ...	151	99	21	9	6	286	39	325
Green Street ...	227	141	32	9	7	416	48	464
Trinity Street ...	306	190	11	4	3	514	6	520
Totals ...	1363	949	181	65	45	2603	223	2826

**Numbers of Babies entirely artificially fed at first visit.**

CENTRE.	Under 1 month.	1-3 months.	3-6 months.	6-9 months.
Boulton ... ..	39	17	9	2
Nightingale Road ...	23	32	3	2
Rutland Street ...	15	10	5	1
St. Giles', Normanton ...	20	15	2	1
Sinfin ... ..	1	3	1	—
Temple House ... ..	38	20	3	2
Dean Street ... ..	16	12	8	2
Roe Farm ... ..	40	34	4	3
Green Street ... ..	45	30	5	2
Trinity Street ... ..	23	36	6	—
Totals ... ..	260	209	46	15

**Ophthalmia Neonatorum.**—Cases notified, 15.

Further information and the table required by the Ministry will be found on page 73.

**Pemphigus Neonatorum.**—No cases were notified during the year.

## Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,140 children of two, three and four years of age. Of this number, 195 were admitted to school during the year and particulars of the treatment of those cases are included in that part of the Report dealing with school children. Of the remaining 945 routine medical inspections, 301 children were referred for treatment and 385 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 599. In addition, 678 re-inspections and 27 special examinations were made.

The clinics of the School Health Service (excepting Minor Ailments Clinics) are available for both toddlers (2—5 years) and children under 2 years of age seen at the Welfare Centres.

Below is a statement of cases, showing the numbers in both of those groups of children which were referred to the various clinics during the year :—

Ultra-Violet Ray Clinic	...	...	...	...	146
Orthopaedic Clinic	...	...	...	...	300
Aural Clinic	...	...	...	...	143
Ophthalmic Clinic	...	...	...	...	92
Dental Clinic	...	...	...	...	370

Attention has been paid by the Health Visitors throughout the year to the conditions of the children's hair. Once again we have to report a very low incidence of infestation among those examined.

## Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year :—

	<i>Sold at cost price.</i>	<i>Supplies free.</i>	<i>Total.</i>
National Dried Milk ...	37,006 $\frac{1}{4}$ lbs.	332 $\frac{1}{2}$ lbs.	37,338 $\frac{3}{4}$ lbs.

## Work of the Health Visitors.

Report by Miss E. M. Gardiner, Senior Health Visitor.

The Health Visitors have again maintained their usual high standard of work, and, in spite of shortage of staff, a total of 43,955 visits was paid during 1948 in the routine visiting of infants and children under school age. Many thousands more visits were made to difficult, sick or ailing children.

The Health Visitors attended a total of 1,493 sessions at the Infant Welfare Centres, where individual talks were given to each mother, with the addition of 245 sessions at the Ante-Natal Clinics.

The "Vernon Street Home for Unmarried Girls" was visited weekly and advice given. Talks on hygiene and mothercraft were also given to each group of girls in the Home.

Special investigations were made for the Royal College of Gynæcologists and Obstetricians regarding follow-up cases of mothers confined during 1947. 370 visits were made regarding babies placed for adoption.

A highly successful Exhibition was held in February, 1948, showing the extent of the Maternity and Child Welfare work in Derby, which was attended by all the senior school-girls of the town. In conjunction with the Exhibition, a film show containing many very good lessons was given, notably "Safety in the Home."

### SUMMARY.

1.	MOTHERS.								
	Visits re Expectant Mothers	...	...	...	...	...	...	530	
	,,   ,, Mothers (Post Natal)	...	...	...	...	...	...	9	
2.	CHILD WELFARE.								
	Visits re Births	...	...	...	...	...	...	2,710	
	Revisits re Births (under 1 year)	...	...	...	...	...	...	10,711	
	,,   ,, Children (1—5 years)	...	...	...	...	...	...	20,534	
	Visits re Still-births	...	...	...	...	...	...	36	
	,,   ,, Deaths of Infants under 1 year	...	...	...	...	...	...	65	
	,,   ,, Deaths of Infants over 1 year	...	...	...	...	...	...	18	
	,,   ,, Medical Help Forms (Midwives)	...	...	...	...	...	...	333	
	,,   ,, Artificial Feeding Forms	...	...	...	...	...	...	97	
3.	INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.								
	Visits re Ophthalmia Neonatorum	...	...	...	...	...	...	25	
	,,   ,, Infantile Diarrhoea	...	...	...	...	...	...	7	
	Visits to other Infectious Diseases (Scarlet Fever, Measles, Pneumonia, Whooping Cough, etc.)	...	...	...	...	...	...	3,852	
4.	OTHER PUBLIC HEALTH WORK.								
	Visits re Adoption	...	...	...	...	...	...	370	
	Special Investigations	...	...	...	...	...	...	18	
	Visits re Old People	...	...	...	...	...	...	12	
5.	MISCELLANEOUS.								
	Visits re Enquiries, Sick Babies, etc.	...	...	...	...	...	...	1,624	
	Unsuccessful Visits (Out, Removals, etc.)	...	...	...	...	...	...	7,369	
	Assisting at Infant Welfare Sessions	...	...	...	...	...	...	1,493	
	,,   ,, Ante-Natal Clinics	...	...	...	...	...	...	245	

### The Unmarried Mother and Child.

The Diocesan Moral Welfare Association has been able to carry on with the hostel which was opened in 1944. A close liaison has been maintained between the Local Authority and the Association. In 1948, 8 Borough residents were cared for in the Hostel.



## Day Nurseries.

Report by Miss M. R. Moss, Supervisor of Day Nurseries.

There are now three Day Nurseries in Derby. Eight Nurseries served the Borough during the years 1941 to 1946. One building was loaned to us by the Social Welfare Department and was handed back to them in 1945. Another was given over to the Education Authority in 1946 for a Nursery School, and the other three were private houses and closed in 1946.

Ford Street Day Nursery was reverted to a 0—2 years nursery in 1946 and has been filled consistently, always maintaining a waiting list of this age group.

The following is a survey of children accommodated, and numbers of children on waiting lists for the year January to December, 1948, in the three Day Nurseries.

	0—2 yrs.	2—5 yrs.
Number of approved places ... ..	67	50
Number of children on register at 1st January ...	53	66
Number of children admitted during the year ...	76	19
Number of children discharged during the year ...	43	47
Number of children on register at 31st December ...	60	58
Average daily attendance ... ..	48	52
Number of applications for admission ... ..		210
Number of applications for admission outstanding at the end of the year 1948 ... ..		458

The total capacity of these three units is 117 children, and, as will be seen, there were an additional 458 children waiting to be admitted to the Nurseries. The mothers waiting for accommodation were interviewed and classified as follows:—

### 1. FINANCIAL.

Husband's income inadequate for family's needs ... ..	283
Husband in poor health ... ..	40
Single ... ..	16
Separated ... ..	16
To supplement income while husband is on military service ...	13
To assist husband in his business ... ..	13
To help buy a home ... ..	11
Widowed ... ..	7
Deserted ... ..	4
Divorced ... ..	2
To pay off debts ... ..	2

### 2. SOCIAL.

Inadequate housing (crowded living quarters with no play space for the child) ... ..	20
To offer services where urgently needed (doctor, teacher, nurse, etc.)	17
To give the child the advantage of a Day Nursery ... ..	6

### 3. PERSONAL.

Mother preferred to work outside the home ... ..	8
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The Nurseries are situated in the centre of the town, the Nottingham Road area, and the Normanton area. Being widely spaced, some mothers have long journeys to and from the centres and encounter difficulties such as bus queues, particularly in the evenings when collecting their children, thus making their day longer and more tedious. In spite of such hardship, all our nursery mothers are obviously fully appreciative of the care given to the children by the Matrons and Staff while they are at work.

During the late war the Day Nurseries were open twelve hours each day (7 a.m. to 7 p.m.). They reverted to a shorter day in 1947 (8 a.m. to 6 p.m.) and a half day on Saturday (8 a.m. to 2 p.m.). This curtailing of the hours has been advantageous to the health of the children, particularly during the winter months.

Immunisation against Diphtheria and Whooping Cough, which was initiated from the beginning (1941), is being maintained, and the parent's permission for this is obtained with each new admission. For some years refusals for this have been negligible.

Periodical medical inspection of all children was also carried out as in previous years and proved to be of invaluable importance in maintaining a good standard of health by treating any defects in the early stages.

The general routine of medical and x-ray examination of all new employees was also carried out; this again has proved an excellent practice in preserving a fit staff, which is so obviously essential.

Apart from a few outbreaks of Whooping Cough and Measles, the incidence of infection was low. The standard of good general health amongst the children who attended the Day Nurseries for long periods is very marked, and it is interesting to note the great degree of general improvement, both mental and physical, of new children after a few weeks of Nursery care. This "Nursery care" includes:—

Three meals a day of a well balanced and varied diet with the addition of accessories, e.g., iron, calcium, orange juice and cod liver oil.

Regular sleep.

Activity and play all partaken of freely by the individual child according to his ability, in the open air at all possible times.

All this together with a routine plan for hygienic habits so arranged as to allow gradual independence for the children. This care of the children is undertaken by qualified nursery staff, who also train young students in the practical and theoretical part of this work.

The mothers of the children also obviously derive great benefit by the occasional observation and discussion of the work done. This is most noticeable with those who have not been lucky enough to have the suitable knowledge and guidance for the correct upbringing of their children.

As some of the children admitted in previous years were only a few months old, we had the interesting observation of seeing them grow up and transfer to the Infant School, having in many cases a young brother or sister in the Nursery who in turn gave us the golden opportunity of individual study from the same family. This invaluable experience, together with the keenness of the Nursery Staff, continued the enthusiasm of their good work.

The number of staff employed at the end of the year 1948 for the existing Day Nurseries was as follows :—

	<i>Total.</i>	<i>Beaufort Street.</i>	<i>Ford Street.</i>	<i>Kitchener Avenue.</i>
Matrons ... ..	3	1	1	1
Staff Nursery Nurses ... ..	8	†3	3	2
Nursery Assistants ... ..	1	—	1	—
Wardens ... ..	1	—	—	1
Students ... ..	34	11	12	11

† One Acting Warden.

Training students for the Nursery Nurse's Diploma commenced in July, 1943. All our nurseries were then affiliated to the National Society of Children's Nurseries. This Society gave us valuable help and set a high standard of training, and examination results were excellent.

In September, 1946, this training scheme was superseded by a new training system jointly run by the Ministry of Health and the Ministry of Education. This in some respects broadened the scope of subjects given to the students' especially in furthering their basic education, e.g., English, biology, art and music, etc., but we found that in comparison there was a sad weakness in the ability of the senior students, which was not encountered previously. This, we felt, was chiefly due to the period of absence of the students from the nurseries, thus losing essential contact with the children, who form a natural background for the students' experience and adaptation of theory into practice. This, in turn, made the work of the senior staff doubly difficult in endeavouring to maintain a high standard of care to the children and instruction to the students. However, we hope that this will gradually be improved upon by some re-arrangement of the Course.

The number of day nursery students in training during 1948 was 16. Eight of these were "first year" students and eight "second year" students. Six day nursery students entered the examination for the National Nursery Certificate in October, 1948. Five students passed and one failed. Of the other two "second year" students, one left before the examination to do further training in child welfare under the Salvation Army, but was eligible to enter for the examination in London; the other student was not quite old enough, but will take the examination in January, 1949.

Three of the successful students left the Day Nurseries Staff soon after the results were through, to do private nursery work. One went to the City Hospital as a Nursery Nurse in the Babies' Nursery. Two more remained on the Day Nursery Staff and were promoted to Staff Nursery Nurse and Nursery Assistant, the former recruit being older and having a longer period of service.



Although the nurseries have shown great success, it must be borne in mind that the buildings are still of war-time emergency standard and are totally inadequate for an ideal standard of work. The extreme need for three play-rooms for nurseries which cater for all ages up to five years is vital, as a separate room is most desirable and essential for the one to two-and-a-half years group. More complete equipment is also required, such as larger baths, cupboards for housemaids' equipment, better system for larger quantities of hot water, improvements in general kitchen accommodation, etc.

As we look back to the limitless variety of each day—sunshine or rain—when the children wove their spontaneous personalities around us, we are humble and very thankful to have had the privilege of caring for the children of Derby Day Nurseries who have given us all such happy memories of 1948.

### Nursing Homes.

Registered at 31st December, 1947	...	...	...	...	...	—
(1) Applications for registration	...	...	...	...	...	—
(2) Applications for registration withdrawn	...	...	...	...	...	—
(3) Homes registered	...	...	...	...	...	—
(4) Orders made refusing or cancelling registration	...	...	...	...	...	—
(5) Appeals against such Orders	...	...	...	...	...	—
(6) Cases in which Orders have been—						
(a) Confirmed on appeal	...	...	...	...	...	—
(b) Disallowed	...	...	...	...	...	—
(7) Number of applications for exemption from registration	...	...	...	...	...	6
(a) Granted	...	...	...	...	...	6
(b) Withdrawn	...	...	...	...	...	—
(c) Refused...	...	...	...	...	...	—
On register at end of year	...	...	...	...	...	Nil

### Infant Life Protection.

On register at beginning of year	...	...	...	...	...	10
Added during the period 1st January to 4th July	...	...	...	...	...	6
Removed from Register—						
Taken out of the Borough	...	...	...	...	...	—
„ to parents out of the Borough	...	...	...	...	...	2
„ „ in the Borough	...	...	...	...	...	1
„ „ relatives in the Borough	...	...	...	...	...	—
„ „ out of the Borough	...	...	...	...	...	4
„ „ Institutions in the Borough	...	...	...	...	...	—
„ „ out of the Borough	...	...	...	...	...	—
Adopted	...	...	...	...	...	—
Reached nine years of age	...	...	...	...	...	—
Died	...	...	...	...	...	—
						7
On Register at 4th July	...	...	...	...	...	9
(24 visits were paid to these children).						
Foster parents on Register at beginning of year	...	...	...	...	...	9
„ „ „ „ „ 4th July	...	...	...	...	...	7

## **DENTAL SERVICES.**

Report by Mr. A. Stafford, Senior Dental Officer.

The Local Authority's Dental Services provide for the dental care of two groups of the public, namely, that of school children attending schools in the Borough maintained by the Local Education Authority, and that of the Priority Classes (Expectant and Nursing Mothers and Young Children) which are a charge on the Health Authority.

### **THE SCHOOL DENTAL SERVICE.**

The School Dental Service had its origin in this country at the beginning of this century, and was first introduced under the Derby Education Authority as a part-time measure rather more than thirty years ago. In 1920 the first whole-time dental officer was appointed, and since that time the service has grown, only too slowly, to its present size, utilising approximately four-fifths of a staff comprising five full-time officers plus the necessary nursing and clerical assistance, the remaining fifth being devoted to activities under the Health Authority.

In the earlier days the requirements of the Education Act respecting this service were by no means so great as those of to-day, more especially since the passing of the Act of 1944, when still more responsibility was placed on Local Education Authorities. At no time, however, have the Borough Dental Services been adequate to meet either the demand for treatment or the existing measures as laid down in Ministry regulations. Derby has not, of course, been alone in this sense, for throughout the country local authorities have been guilty to a greater or lesser degree, and while it can safely be said there are those which fall shorter in these duties than does this authority, it has to be conceded that there are others whose schemes have been more progressive.

As to what are the necessary means for providing an adequate dental service in a given area, guidance is given by Ministry recommendations, but, before considering those applicable to Derby, perhaps it would be as well to examine why any authority should concern itself with this service—of what value is it?

A generation ago—or perhaps two—dentistry was merely regarded in the light of "having a tooth out," at intervals determined partly by nature but more often by ignorance and neglect, until the supply of teeth was exhausted—little more thought than that was given to it. Later there was devised the method of preserving some of the wreckage by means of fillings in teeth, and by replacing the loss of them with artificial substitutes, although even this advancement was generally for aesthetic reasons.

To-day, however, dentistry is regarded in a different light. Its practise includes a much greater variety of methods of treatment—producing far more beneficial results than ever before, while dental disease—the most prevalent of all diseases—is now accepted by all reasonably thinking persons as being responsible for many forms of ill-health, a belief that is confirmed by medical knowledge. It has been established beyond doubt that not only such common ailments as dyspepsia and rheumatism, but also many grave complaints terminating fatally, can have their origin in unhealthy teeth.



Thus dental disease has become a national menace. It is well known to have hindered industrial production by considerable loss of working time, to have seriously affected recruitment to the fighting services during times of national emergency, and to have been the cause of much unhappiness and misery to the community as a whole. As a result, industrial firms have found it worth while to provide, in their own factories, treatment for their employees during working hours, the fighting services have for many years possessed their dental branches, and the Ministries of Education and Health have seen fit to delegate similar responsibilities to local authorities for the benefit of certain sections of the public. Here, then, we already have sufficient evidence to place a reasonable value on dentistry in general.

With regard to School Dentistry in particular, two features at least are of special note. Firstly, it has been the main—perhaps the only—national attempt to combat the ravages of dental disease. It is admirably placed to do so in that it concerns itself with a section of the community over which, while there has never been any undue form of compulsion applied, there has been considerable and useful opportunity of control. When it is remembered that the incidence of the disease is greater during infancy and adolescence, and that proper dental care during these periods gives excellent prospects of sound dental conditions in adult life, the true value of child dentistry becomes apparent.

Secondly, School Dentistry consists greatly of preventive treatment, its main function being to preserve teeth during school life, and its chief aim to turn out leavers with healthy mouths and full sets of sound teeth. On the other hand, the dental treatment of adults, whether by private means or under organised schemes, regrettably consists for the most part of repairing the damage—or replacing the loss—of earlier life. One criticism already being levelled at the new Health Act is that, with respect to the dental benefits afforded by it, so much preference is being given to the older generation and so little to the younger, when the reverse might be deemed to be the more expedient.

Any suggestion that the new Health Service should supersede the School Service, in that the former embraces all sections of the public, may be at once discounted. It would mean, of course, that the dental care of the school child would have to be undertaken by the general dental practitioner at his own premises or, looking at the possible future, at a health centre. In either event the answer to this would be determined by these practitioners, most of whom in the past have taken every opportunity of avoiding the treatment of children, well knowing the onerous task it presents. Moreover, they are often unfitted for handling and treating children, the qualities for which being possessed only by those whose inclinations lean to this form of practice and after much experience in it, and thus are seldom found outside the ranks of the School Dental Service. So long as the demand for their services by the adult population is greater than can be met—and this position will prevail for some considerable time—the practitioners having the right of choice in the matter will have little or no room for the care of children.

It may well be a debatable matter as to where the burden of the cost of, and responsibility for, the School Dental Service should lie, but, whether they be borne by the State or by Local Authority, the fact remains that a

scheme of systematic inspection and treatment of the school child must continue, if the most retrograde step ever taken in dentistry is to be avoided, and if the dental health of the nation is to be safeguarded for the future.

There is a further problem that has yet to be solved—that of staffing and recruitment to the service. Because of the more attractive conditions and greater rewards that have always obtained in general practice as against those in public service, this problem is no new one, but latterly it has become extremely acute. Recent investigations carried out in connection with the conditions of service for dentists employed under the National Health Service, and the implementation of the decisions consequent upon them, have brought to light how incomparably better are the prospects of private practice, and dental officers are now deserting public service at such a rate that it has already become greatly impaired, and for this reason alone its future is in grave danger.

This situation is surely illogical. This service is essentially a measure of preventive dentistry, requiring from those engaged in its undertaking a standard of training, skill and effort no less than that necessary in general practice, and it is somewhat bewildering to find dental surgeons being forced, by economic necessity, from a service devoted to the preservation of teeth in the young, into another where they may provide dentures for the aged. So far, this Authority has been extremely fortunate not to have its staff depleted on this account, but the resignation now to hand of one of the dental officers, who prefers to engage in private practice, means the beginning in Derby of what has been happening, in greater measure, throughout the country for the past year.

## PERSONNEL.

### OFFICERS.

The staff necessary to meet the full demands of any particular scheme is obviously dependent on the school population of that area, and is based on the accepted findings of many years' experience in school dentistry and which were declared in an annual report of the Chief Medical Officer to the Ministry of Education some time ago, viz., that there should be no more than 2,500 children under the care of one whole-time officer, and that with this number it should be possible to carry out complete treatment for all requiring it, with at least annual (though preferably six-monthly) re-inspection of each child.

This ratio of 2,500 children to one officer, may be said to be an ideal one in that it allows for the provision of treatment for every child in need of it but as in practice there is always a certain proportion of non-acceptance of the treatment offered, as well as a small percentage of failure to attend for it after acceptance, a ratio of 3,000 to 1 may be said to be a more appropriate one, and one that would enable any scheme to make fair progress, instead of perpetually trying to catch up yet gradually slipping further behind.

However much School Dentistry may have failed in its aims on account of the inadequacy of staff and facilities, it has at least stemmed the tide, and has so far prevented the deplorable conditions that would have otherwise inevitably arisen. The service has gradually reached the point where



it can divide its efforts, partly in remedying the omissions of the past and partly in measures of preventive treatment for the future, but the balance is still weighted on the wrong side.

It is therefore necessary that the establishment of officers for the treatment of school children be increased, although it should be here mentioned that additional premises, equipment, etc. (dealt with later in this report), would be necessary before any increase in staff could be accommodated.

#### ATTENDANTS.

The relationship of the attendant to the dental officer is equivalent to that of the nurse to the medical officer, and the use of a well-trained attendant relieves the officer of many simple duties, enabling him to devote more of his time to those for which he is qualified. It is an economy, therefore, to employ sufficient assistance of this kind to permit the full use of an officer's time in the work in which he alone is skilled, and experience in public dentistry has shown that a ratio of two attendants to one officer is not too high.

As a reasonable modification of this, it is found, after many years of endeavour with one attendant per officer, that a ratio of three attendants to two officers is certainly advisable, and it is recommended that the establishment of attendants be raised to that level.

Dental attendants, especially those employed in local authority work, are a section whose lot could well be improved. Much is expected of them—and, indeed, locally is obtained—though recognition is generally but sparingly given to them. The idea, so often held, that their work calls for little ability or energy, and that it merely consists of such simple duties as answering the telephone and ushering in patients, may be quickly forgotten. The work is arduous, skilful and of a responsible nature, being a combination of an elementary yet specialised form of nursing, including many unpleasant as well as laborious tasks, and of clerical duties demanding a sound knowledge of detailed recording that must be carefully and accurately carried out. Other necessary qualities are patience, tact and reliability—all in good measure—with a good standard of physical fitness. With regard to their recruitment, it has to be remembered that attendants do not come to us ready-made—they have to be trained, and that it is not until they have had some months of experience that they become really useful, and anything up to two years before they are fully trained.

The status and remuneration of the fully trained dental attendant, therefore, should appropriately lie between those of the female clerk and the trained nurse employed in local authority service, and conditions of service that are not commensurate with such standards fail to attract—or keep—the right type of person for this career. As yet there is no yard-stick, such as the Rushcliffe Report for the nursing profession, by which the services of the dental attendant can be measured, and throughout the different local authorities a variety of values exists.

## PREMISES.

The dental treatment of the Borough school children is carried out at the Central Clinic at Temple House, where there are three surgeries, a waiting room and a recovery room, and it should be said at the outset that these premises are inadequate for the present staff and its undertakings—so much so, that we have already had to find some outlet, and permission has been sought—and obtained—for the use of the City Hospital Dental Department as a Branch Clinic, an opportunity we have made full use of since January, 1949. As this can only be regarded as a temporary arrangement at the most, this does not solve the real problem of congestion.

The best has been made of the premises at Temple House by installing good equipment, opportunity having been afforded—at all times generously—for this to be done, and we have three surgeries fitted out in a manner that, while there is always room for some further up-to-date improvement, they can well be the envy of many other authorities. It must be remembered, however, that no amount of expensive equipping can make suitable, rooms that are too small and wrongly arranged for the required use, and the only solution is, of course, premises designed and built for the purpose. Failing this, we cannot expect to obtain the best results—and nothing less than the best can be desired where the health and safety of children is concerned—from those engaged in the service, however willing their efforts may be. In the treatment rooms especially there should be no question of the standard of facilities available—they should be equal to the best that can be found in private practice, and in our surgeries this has been the aim in so far as building deficiencies would permit.

Some consideration has already been given to this problem of premises, and plans have been drawn up for the erection of three clinics on chosen sites at suitable positions in the Borough, alongside existing ante-natal clinics, also to be used in conjunction with the latter as well as for school work. These plans, excellently designed by the Borough Architect's Department, are of premises that would fulfil all the desires that have been expressed.

## THE YEAR'S WORK.

### INSPECTION.

For many years it has been a set policy to aim at visiting all the borough schools once a year, so that all children might be inspected annually, selecting the most urgent cases needing treatment up to an amount that could be dealt with by the prevailing facilities. Unfortunately, on account of the loss of an officer for six months of the year, this aim was not fulfilled, and four schools were omitted. These will be given priority in 1949.

At these school inspections children of all ages were examined, totalling 17,102, of which 25.7% were considered to be dentally sound, 20.7% had slight defects not requiring treatment, and 53.6% were needing treatment. Of this last group, numbering 9,166, it was found possible to refer 7,689, and of these 78.0% consented to treatment, 12.8% refused the offer, while from 9.2% there was no reply. Table A (page 43), which gives these details in statistical form, provides an interesting study of the dental conditions of the children per age group as well as per school, and of the response to our offer of dental care in the case of each school.



## TREATMENT.

9,844 attendances at the Clinic were made by 6,984 children for the following forms of treatment.

- (a) Fillings.—6,467 fillings were inserted in permanent teeth and 21 in temporary teeth.
- (b) Extractions.—8,497 temporary teeth and 1,448 permanent teeth were removed. (380 of the latter were sound teeth extracted for orthodontic purposes).
- (c) Anæsthetics.—5,248 general anæsthetics were administered for the foregoing extractions, Nitrous Oxide and Oxygen being the anæsthetic used. There were also four local anæsthetics given during the year.
- (d) Other Operations.—There was the usual small number of cases of gum conditions, and for the scaling and polishing of teeth. It is satisfactory to note that Vincent's Infection, the incidence of which always rises considerably during war-time and usually persists for some time after, has now returned to its normal level. 22 orthodontic appliances were constructed for simple cases of irregularity of teeth, 16 small dentures for elder scholars who had lost front teeth (generally by accident during play), to assist them in speech as well as for aesthetic reasons, and one obturator for a case of Cleft Palate. Table B (page 44) gives the details of these treatments in tabulated form.

## SPECIALISED TREATMENT.

The forms of treatment to be met with in School Dentistry are, briefly (a) Conservative treatment (fillings), mainly of the permanent teeth; (b) Extractions, chiefly of the temporary teeth, with the use of general and local anæsthetics; (c) the occasional provision of a small denture or obturator; (d) the treatment of a variety of gum conditions; and (e) Orthodontic treatment.

If there is any branch of child dentistry that calls for specialisation, it is that of Orthodontia, the correction of abnormalities in the arrangement of the teeth and jaws, irregularities that give rise not only to aesthetic but also functional defects. This form of treatment is almost entirely confined to child dentistry for the reason that corrective treatment is seldom successful if attempted after school age.

While there are many difficult cases due to the malformation of one or both jaws, and which therefore need the particular consideration of those specially trained in the study of them, the greater proportion of irregularities are on account of the overcrowding of teeth, generally due to poorly developed jaws, and frequently to be found in the child of to-day. A simple—and, when practised by the experienced officer, successful—method of treating these cases is by the judicious removal of one or more teeth, thus providing sufficient space to allow natural factors to complete the correction, with the knowledge that the patient is better off with slightly fewer teeth that are well placed and fully functional than with a complete dentition that is irregular, unsightly and having a greater tendency to decay. Cases of one or two teeth that are instanding or outstanding to the otherwise normal arch are dealt with by means of a simple appliance specially constructed for each case. Both of these simple forms of Orthodontia are in practice in our scheme.

With regard to the more difficult cases, of which there are sufficient to merit proper attention, a special knowledge of the work is demanded. A

few authorities throughout the country have placed so much importance on the necessity of dealing with these cases as to appoint part-time Consultant Orthodontists in an advisory capacity, the regular dental officers carrying out treatment—often covering a period of many months—under the specialist's supervision.

Recognised specialists in Orthodontia are not too numerous, and are perhaps only to be found in the London area or in those large cities where dental hospitals are located. Short of anyone specially trained in the work, the school dental officer, by reason of his (her) work, is more qualified for it than the average practitioner, but for the more advanced cases a special knowledge that lies outside the scope of either is necessary. It may be true that in some areas the treatment of these cases is being attempted by the ordinary dental staff, but it may be equally true that the results obtained are not worth the great amount of time spent on them, and it is very doubtful if such efforts are either economical or satisfactory—or, indeed, fair to the patient. The position in Derby is that we cannot afford the time necessary for proper attention to this work, and it would be useless to contemplate any further efforts than those already being made. If post-graduate courses in Orthodontia were to become more available, these would be of great value to the School Dental Service, and authorities would profit by having their officers attend them as opportunity could be afforded.

#### PROPAGANDA WORK.

It was formerly part of our scheme to give dental talks once a year at each senior school to leavers and elder scholars, but for the past ten years pressure of work has prevented its continuance. In pre-war days we also distributed more than 5,000 pamphlets a year, suitably devised for the use of elder scholars and published by the Dental Board of the United Kingdom. These ceased to be obtainable during the war, and so far have not reappeared, but use of them will again be made when the supply is renewed.

#### RESEARCH.

The mention of research may perhaps give the immediate impression of laboratories, microscopes and test tubes, and any measure requiring such facilities would rightly be considered outside the scope of a School Dental Service—at any rate, in the circumstances of to-day. The type of investigation that should come within our range, however, is that of gathering data of an apparently simple yet valuable form concerning the prevailing dental conditions in each age group of the children in our area, and of the variety of diets, habits and degree of oral hygiene indulged in by these children. Information of this kind is collected from all parts of the country—is, in fact, asked for by the Ministry—and collated at research centres, where efforts are being made to find out much more than is already known of the cause of caries and other forms of dental disease. It is obvious that, to be able to prevent or to effectively cure a disease, there must be a fair if not complete knowledge of its cause, and with regard to dental caries the answer to this question yet remains a mystery, in spite of the many theories that have been propounded in the past.

The practise of dentistry, unfortunately, has been directed almost wholly in dealing with the disease after its appearance, and too little thought has been given to its prevention. The conditions with which we are constantly



faced must, of course, be given the treatment they call for and, for that matter, should be dealt with more effectively than so far we have been able to do, but we must not be content to have that outlook only—we must seek to find the solution that will avoid this position in the years ahead.

Any steps that will lead to this end should be encouraged, and, as the duty of promoting and furthering such efforts must come from public rather than private sources, it is incumbent on every local authority to make its contribution. As simple as are the measures of research suggested, they would take up time that is not now available, though we should look forward to the time when it will be possible to give them, along with other forms of preventive dentistry, the priority they merit.

TABLE A.

## ROUTINE DENTAL PERCENTAGES.

SCHOOL.	Sound.	Defective but not requiring Treatment.	Requiring Treatment.	Consents.	Refusals.	No Reply.
Abbey Street ...	26.3	4.3	69.4	69.7	15.0	15.3
Allenton ...	20.8	18.6	60.6	76.9	11.0	12.1
Ashbourne Road ...	27.6	20.0	52.4	69.1	12.5	8.4
Bemrose ...	37.3	4.5	58.2	76.0	14.8	9.2
Boulton ...	19.7	39.0	41.3	85.7	9.8	4.5
Brighton Road ...	23.4	19.8	56.8	83.8	7.8	8.4
Central ...	37.4	5.5	57.1	73.0	10.8	16.2
Christ Church ...	29.7	38.0	32.3	78.0	14.6	7.4
Clarence Road ...	28.4	14.7	56.9	81.2	8.3	10.5
Derby ...						
Firs Estate ...	15.2	40.1	44.7	85.6	7.2	7.2
Gerard Street ...	28.3	22.4	49.3	82.7	9.8	7.5
Hastings Street ...	27.1	21.4	51.5	81.1	12.2	6.7
Homelands ...						
Kedleston Road ...	27.8	11.4	60.8	77.7	20.1	2.2
Nightingale Road ...	23.0	19.3	57.7	85.2	8.7	6.1
Normanton ...	15.9	33.1	51.0	86.1	10.2	3.7
Nottingham Road ...	22.6	12.5	64.9	74.7	14.3	11.0
Nuns Street ...	34.9	33.1	32.0	50.0	12.5	37.5
Orchard Street ...	24.7	7.1	68.2	52.9	28.6	18.5
Parkfields Cedars ...						
Pear Tree ...	23.6	17.4	59.0	71.9	14.1	14.0
Practising ...	31.8	20.5	47.7	52.3	33.9	13.8
Reginald Street ...	33.1	13.1	53.8	71.1	23.9	5.0
Roe Farm ...	24.2	24.5	51.3	84.6	5.8	9.6
St. Chad's ...	38.0	40.5	21.5	96.2	3.8	—
St. Dunstan's ...	34.4	34.4	31.2	60.7	25.0	14.3
St. James' Church ...	21.8	28.6	49.6	75.8	16.1	8.1
St. John's ...	24.3	32.4	43.3	65.0	28.7	6.3
St. Joseph's ...	27.1	20.6	52.3	88.5	2.6	8.9
St. Luke's ...	37.3	41.5	21.2	88.2	5.9	5.9
St. Mary's ...	27.5	9.8	62.7	86.6	7.8	5.6
St. Paul's ...	22.8	40.2	37.0	85.7	7.1	7.1
St. Peter's ...	35.6	24.0	40.4	58.3	16.7	25.0
School of Art ...	35.8	2.5	61.7	82.0	16.4	1.6
Sinfin ...	13.3	25.8	60.9	85.4	7.3	7.3
Temple House ...						
Traffic Street ...	30.5	24.8	44.7	72.2	13.9	13.9
Wilmorton ...	17.7	34.5	47.8	81.4	12.1	6.5
Percentage ...	25.7	20.7	53.6	78.0	12.8	9.2

AGE.			Sound.	Defective but not requiring Treatment.	Requiring Treatment.	Consents.	Refusals.	No Reply.
Aged	5 years	...	41.5	33.5	25.0			
"	6	" ...	24.8	34.5	40.7			
"	7	" ...	19.0	34.1	46.9			
"	8	" ...	19.3	26.7	54.0			
"	9	" ...	14.3	23.4	62.3			
"	10	" ...	17.6	19.1	63.3			
"	11	" ...	22.9	14.3	62.8			
"	12	" ...	28.9	8.3	62.8			
"	13	" ...	29.2	2.8	68.0			
"	14	" ...	29.3	1.0	69.7			
"	15	" ...	35.7	1.3	63.0			
"	16	" ...	41.0	—	59.0			
"	17	" ...	29.4	2.9	67.7			
"	18	" ...	25.0	—	75.0			
Percentage ...			25.7	20.7	53.6			

TABLE B.

INSPECTION AND TREATMENT.

1. No. of Pupils Inspected by the Authority's Dental Officers :—

(a) Periodic Groups

Aged (up to)

5 years	...	...	2,567
6	"	...	1,683
7	"	...	1,602
8	"	...	1,728
9	"	...	1,662
10	"	...	1,678
11	"	...	1,402
12	"	...	1,453
13	"	...	1,557
14	"	...	1,349
15	"	...	305
16	"	...	78
17	"	...	34
18	"	...	4
TOTAL			17,102

(b) Specials ... 38

(c) Total (Periodic and Specials) ... 17,140

2. No. found to require Treatment ... 9,204

3. No. actually Treated ... 6,894

4. Attendances made by Pupils for Treatment ... 9,844

5. Half-days devoted to :—

(a) Inspection	...	...	128
(b) Treatment	...	...	1,268
Total			1,396

6. Fillings :—

Permanent Teeth	...	...	6,467
Temporary Teeth	...	...	21
Total			6,488

7. Extractions :—

Permanent Teeth	...	...	1,448
Temporary Teeth	...	...	8,497
Total			9,945

8. Administration of Anæsthetics :—

General	...	...	5,248
Local	...	...	4
Total			5,252

9. Other Operations :—

Permanent Teeth	...	...	921
Temporary Teeth	...	...	1
Dentures	...	...	16
Orthodontic Appliances	...	...	22
Obturator	...	...	1
Total			961



## PRIORITY DENTAL SERVICES.

The National Health Service Act, 1946, has placed a certain responsibility, amongst others, on Local Authorities, namely, that of the dental care of Expectant and Nursing Mothers and of Young Children (i.e., pre-school age)—the so-called Priority Classes.

For some years we have, in Derby, partially met the needs of these groups, and it is commendable that we have done so before the measure has become a statutory one. This has placed us in a useful position now that we are required to implement it fully, in that we have considerably more than a nucleus of the service that will be required to cover it. The system and liaison with the Maternity and Child Welfare Services already exist, and it is but a matter of development—given the necessary staff and facilities—and not one of creating a new activity. The stage at which we have now arrived in this work is approximately half-way to what will eventually be required to be done.

The general problems of staffing and premises already outlined in the school section of this Report apply also, in due proportion, to this branch of the service, with the following points having a particular bearing.

### PERSONNEL.

#### OFFICERS AND ATTENDANTS.

At the present time a portion of the services of all officers, amounting almost to those of one whole-time officer, are spent on this work, the merging of all services being an economy in working arrangements, as well as a means of keeping each officer experienced—and interested—in the wider methods of practice.

With regard to the treatment of mothers, the Ministry's method of assessing the staff necessary is on the basis of one session per year per mother treated, where a session is one half-day per officer, and a whole-time officer equal to 500 sessions per year. If we couple this formula with local statistics regarding expectant and nursing mothers, as well as allowing for the needs of pre-school children, it is evident that an increase in staff is necessary. The ultimate requirement could be reached in stages, and, as gradual increases in staff are made for school work, a suitable proportion would be given over to the work for the Priority Classes, the same principle applying to attendants as well as to officers.

### PREMISES.

There is a special point to be noted concerning the three proposed new clinics in that the sites chosen for them are adjacent to existing Ante-Natal Centres held in modern buildings designed for the purpose, but in which no provision was made for dental treatment at the time of their erection. This

enables that close co-operation with the medical side which is of great importance when dealing with expectant mothers, where especial care must be exercised. At present, all but a few simple cases are dealt with, by our own staff, at the City Hospital, again in conjunction with ante-natal services carried out at that institution, and where we are afforded many facilities that are of immense value. On this point, it should be realised that if at any time we were required to vacate the use of that department, although this is not foreseen at the moment, we should have no satisfactory arrangements for the dental care of expectant mothers until the new clinics are in being, as any arrangements at Temple House could in no way be considered adequate for such a purpose.

For all these reasons it would appear that any plans for the immediate future regarding premises should be kept in the forefront, not only to cover present needs but also to avoid any possible breakdown, the surest guarantee of which would be for the authority to possess sufficient clinics of its own.

### THE YEAR'S WORK.

Table C (page 49) gives in statistical detail the work done on these groups during the year, showing that for the period before 5th July, and for that subsequent to that date. Normally this would have given an interesting comparison between what was done prior to the inception of the new Health Scheme and that done after, and would no doubt have shown an increase in favour of the latter, but, as we were without the services of one officer for the latter half of the year, a true comparison is not possible. There has been sufficient evidence, however, in 1949 to indicate increases in all branches of the care of the Priority Classes.

The forms of treatment we are able to give to expectant and nursing mothers are reasonably comprehensive in variety, and consist chiefly of:—

- (a) Conservative treatment.
- (b) Extractions under general and local anæsthetics. In a few cases—there were only two during the year—where multiple extractions are required to the extent that gas anæsthesia is unsuitable, arrangements are made for the patients to be hospitalised for treatment and for a period of after-care.
- (c) Scaling of teeth and the treatment of gum conditions.
- (d) Denture treatment.—With regard to the actual construction of the dentures, we have for some years had an arrangement for the work to be undertaken by a reputable firm of mechanics to the profession.

This arrangement has given full satisfaction, and, while there are slight disadvantages in it, so long as we have not sufficient work to maintain a laboratory and a full-time mechanic, this is the most economical method of meeting the situation. A time may be envisaged, however, when it will be more appropriate for us to construct our own dentures, orthodontic appliances, etc., and any long term plans for the future should contain provision for this.



Dental treatment of young children is frequently necessary for the health and comfort of the child. Unfortunately, in our scheme, it usually takes the form of the extraction of temporary teeth, and it is regrettable that more time cannot be devoted to measures of conserving the temporary set, not only by filling treatment, but also by the use of Silver Nitrate technique, a method of treating carious teeth whereby the progress of decay is considerably arrested. The retention of the milk teeth as near as possible to their natural span has a most important and beneficial influence on the permanent set to follow.

It is when treating children of this early age that there arises a predominant feeling that there is something lacking fundamentally, not only in our knowledge of the cause of dental disease, but also perhaps in our method of approach in combating it. In the past half-century there have been such advancements in dentistry as to prove a blessing in themselves, but progress has only been notable in the methods of treatment, and until the results of research can lead us nearer to the means of prevention, it seems inevitable that the more or less orthodox lines of treating the disease must continue to be followed.

Two entries in Table C should be more fully explained. The item "made dentally fit" does not mean made dentally sound. The latter would obviously mean that no dental defect remained and that treatment had therefore been complete, a standard it was not possible to attain in all cases that were treated. In view of the limited circumstances, it was considered that a reasonable standard of dental fitness for the purpose required had been reached in the case of the expectant or nursing mother where any source of dental infection had been eliminated, with the provision of dentures in as many cases as possible where they were necessary, and in the case of young children where the relief of pain and the removal of oral sepsis was accomplished. Further conservation treatment that would have made these patients dentally sound could not be undertaken in several cases.

Also, the item "needing treatment" was to some extent determined with the same limits in mind, and a more accurate figure would be somewhat higher in each case.

Table D (page 50) shows the whole of the work undertaken for the Health Committee and includes, in addition to that for the Priority Classes, treatment given to patients at the City and Borough Isolation Hospitals, as well as for cases under the Social Welfare Committee. As the hospitals ceased to be the responsibility of the Local Authority in July, 1948, such figures as relate to these will no longer appear in these Annual Reports of the future.

## RESEARCH.

A Ministry request is made that this report should include a "note of any field of clinical research into the incidence or prevention of dental disease carried out during the year or of any scheme of dental health education." The note in this instance is a negative one, for under present conditions efforts of this nature cannot reasonably be contemplated, much as it is agreed they could possibly be of immense value.

There is plenty of scope both clinically and otherwise for such investigations, both with respect to expectant mothers and young children, and, as in the case of those desirable in school work, their cost would only be one of time spent, and not of expensive apparatus or other facilities.

So long as those best placed for contributing to this end fail to do so, real progress towards solving most of these problems cannot be expected.

## CONCLUSION.

The year's work was carried out by a staff who at times worked under many handicaps, and, while they seek no praise for their efforts, the fact that they did so with diligence and loyalty should not go unrecorded. The amount of work accomplished, bearing in mind the size of the staff involved, will stand favourable comparison with that in other areas—not that the amount is of first importance, for quantity can possibly reflect on quality. The true indication of success in School Dentistry, for instance, is to be found in a diminution of treatment needed as year succeeds year (always provided the necessary means to achieve it) rather than in staggering figures in a report. The standard of work done is generally reflected in the response on the part of the public to the services given, and in Derby there has been frequent evidence that our goodwill has become well established during the past. If this surmise is correct, it is pleasing to those who have built up that goodwill and it may be some reward for their efforts that they can lay claim to a share of it.

It is the writer's hope that this report will inspire interest and enthusiasm in those responsible for these matters, and that all efforts will be pursued until our dental services are of the highest possible order.



TABLE C.

## PRIORITY CLASSES.

## INSPECTION AND TREATMENT.

1948	EXPECTANT MOTHERS.			NURSING MOTHERS.			YOUNG CHILDREN.		
	1 Jan. to 4 July.	5 July to 31 Dec.	Total	1 Jan. to 4 July.	5 July to 31 Dec.	Total	1 Jan. to 4 July.	5 July to 31 Dec.	Total
Examined ... ..	654	518	1,172	10	27	37	193	177	370
Needing treatment	296	211	507	9	27	36	173	157	330
Treated ... ..	247	174	421	9	27	36	173	157	330
Made dentally fit...	201	142	343	7	21	28	132	121	253
Attended own Dentist ...	1	3	4	—	—	—	—	—	—
Too late for treatment ...	5	6	11	—	—	—	—	—	—
Failed to attend ...	36	24	60	—	—	—	—	—	—
Refused treatment	7	4	11	—	—	—	—	—	—
Attendances ...	859	648	1,507	38	89	127	206	216	422
Fillings ... ..	59	24	83	—	4	4	4	1	5
Extractions ...	539	353	892	12	46	58	372	361	733
N2O Anæsthetics ...	220	152	372	3	9	12	170	185	355
Intravenous „ ...	2	—	2	—	—	—	—	—	—
Local „ ...	5	2	7	—	2	2	—	—	—
Denture Patients ...	3	2	5	7	17	24	—	—	—
Dentures Constructed ...	4	4	8	12	24	36	—	—	—
Dentures Repaired	3	1	4	—	—	—	—	—	—
Sealings, etc. ...	25	17	42	28	73	101	2	—	2

TABLE D.

1948.	TEMPLE HOUSE.				BOROUGH ISOLATION HOSPITAL.		CITY HOSPITAL.						TOTALS.				
	Expectant Mothers.	Nursing Mothers.	Child Welfare.	Miscellaneous.	Patients.	Staff.	Ante-Natal.	Social Welfare.	In-Patients.	Out-Patients.	Staff.	E.M.S. (Military) In-Patients.		Roe Farm Ante-Natal Clinic.	Boulton Ante-Natal Clinic.	Temple House Ante-Natal Clinic.	Green Street Ante-Natal Clinic.
Cases examined ...	65	37	370	31	161	54	711	42	37	9	102	2	84	77	163	72	2,017
Cases treated ...	65	36	330	25	50	30	356	29	27	6	72	2	—	—	—	—	1,028
Cases inspected only ...	—	1	40	6	111	24	355	13	10	3	30	—	84	77	163	72	989
Attendances made ...	91	127	422	65	237	71	1,006	65	56	34	194	5	89	78	169	75	2,784
Fillings ...	19	4	5	26	—	12	64	—	1	—	94	—	—	—	—	—	225
Extractions ...	110	58	733	16	102	44	782	116	136	3	64	2	—	—	—	—	2,166
Nitrous Oxide Anaesthetics ...	47	12	355	8	3	23	325	14	16	—	34	1	—	—	—	—	838
Intravenous Anaesthetics...	—	—	—	—	33	—	2	—	3	—	—	—	—	—	—	—	38
Local Anaesthetics ...	1	2	—	—	8	2	6	13	5	2	4	1	—	—	—	—	44
Denture Patients ...	3	24	—	2	4	2	2	—	—	5	1	—	—	—	—	—	43
No. of Dentures constructed ...	5	36	—	3	6	3	3	—	—	10	1	—	—	—	—	—	67
No. of Dentures repaired ...	1	—	—	4	1	2	3	4	—	—	3	—	—	—	—	—	18
Other Operations ...	22	101	2	35	28	16	20	16	8	25	38	—	—	—	—	—	311

### III.—SCHOOLS & SCHOOL CHILDREN.

#### GENERAL REVIEW.

##### Staff and Clinics.

For the first time since the war we started a new year with, apart from our psychiatrist, a full medical staff. There have been, however, several changes during the year, and for various periods the staff was under establishment. We are still without a psychiatrist and, as we have also been without a psychiatric social worker, the Child Guidance Clinic has again been obliged to work under difficulties. The speech therapist resigned to take up another appointment in April, but we were fortunately able to fill this vacancy in September. We have now also a full nursing staff. In July, our three part-time consultants, Mr. Bamford (ophthalmic surgeon), Mr. Flett (aural surgeon) and Mr. Pulvertaft (orthopaedic surgeon) transferred to the Regional Hospital Board, although their clinics continue to be carried on in the School clinic premises. Owing to the depleted staff, the programme of periodic inspections was not fully carried out; two schools (Roe Farm and Parkfields Cedars) were not inspected, but they will be placed first on the list for 1949.

Apart from the fact that our own special scheme for the operative treatment of enlarged tonsils and adenoids, which over a long period had been most successful, came to an end and that the financial responsibility by the Local Education Authority for the treatment of children in hospitals ceased, there appeared to be few noticeable changes in the School Health Services effected by the National Health Service Act. Up to the end of the year the Minor Ailments Clinics were as well attended over the whole year as they had been in previous years. The numbers of children attending these clinics were greater in the last half year than the first, but this, owing to the holidays, is usual. Time will show whether parents will prefer to take their children for these conditions to their private doctors or continue to bring them to the school clinics. It is satisfactory, however, that children coming to the clinics with high temperatures and illnesses which require domiciliary care can now be referred confidently to the general practitioner. Two unhappy consequences have, however, occurred; the first that as there is no priority for school children, they have had to share the prolonged waiting period for the supply of spectacles, and the second that there was some evidence that the waiting list for tonsil operations had become greater. These difficulties are no doubt temporary and will be overcome with the expansion of facilities under the general scheme.



A review of the results of medical inspection and treatment does not reveal any outstanding features during 1948. The ages for periodic medical inspection are now 5, 10 and 14, instead of formerly 5, 8 and 12, so comparisons of heights and weights, except in the 5 year old group, are not able to be made apart from this year and last. The heights and weights, however, of the entrants show that the improvements progressively recorded over the last 15 years have been maintained. There was a big reduction in the number of children who required treatment for scabies in 1948. The incidence of this disease has fallen steadily during the last five years. One disappointing feature of the year is the comparatively high number of children (28) who were notified as suffering from tuberculosis. The number is no greater than in the previous year, but it is far too high for a preventable disease like tuberculosis.

An interesting feature of the School Health Service is that it is never static. No sooner is some problem solved than another emerges. Next year we are confidently hoping that the day and residential open-air school will be completed and in full swing. The list, however, of our handicapped children exposes gaps in the service which it will be necessary to bridge. Our needs in this respect are more accommodation for educationally subnormal pupils, a hostel for the maladjusted, and residential institutions for those with multiple disabilities and the small group of children with spastic conditions. It seems evident that, in many children from the last class, their educational retardation is due more to the peculiar form of their physical disability and less to their mental subnormality than was formerly believed. The establishment of county colleges and the liaison between the services entailed thereby, together with the care of youths entering employment, will demand yet another development. We are therefore still at the engrossing stage when not only have the horizons been broadened, but the immediate problems remain complex and in need of urgent solution.

### **SCHOOL ATTENDANCE.**

The accommodation in Primary and Secondary Schools is 21,367. The number of names on the books is 17,566 and the average attendance 15,374. These figures do not include the Central (Boys') School and Temple House Special School for educationally subnormal pupils.

### **THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.**

#### **Medical Inspection.**

**Number of children inspected.**—The total number of children inspected was 7,049. Of these, 3,880 were boys and 3,169 were girls. In addition, 258 children were brought forward for special examinations by head teachers.



## FINDINGS AT PERIODIC INSPECTION. GENERAL CONDITION.

The general condition of the 7,049 pupils inspected in 1948 was classified as follows.—

A (Good)	3,953
B (Fair)	3,012
C (Poor)	84

### Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ...	1919	499	40.7	39.4	496	40.3	39.1
	1925	851	41.3	40.4	838	41.0	39.3
	1935	842	41.8	41.6	779	41.7	40.6
	1941	568	42.0	41.8	593	41.5	40.3
	1946	466	42.3	43.0	439	41.8	41.3
	1947	845	42.7	43.3	811	42.5	41.8
	1948	870	42.9	43.4	814	42.6	41.6
8 years ...	1919	975	48.2	53.2	872	47.6	51.8
	1925	810	47.8	53.0	767	47.5	51.5
	1935	949	49.2	56.3	969	48.8	55.4
	1941	659	48.9	55.3	659	48.6	52.0
	1946	406	49.4	56.9	402	48.4	54.4
	1947	854	53.5	68.8	768	53.5	67.1
10 years ...	1948	814	53.6	69.3	776	53.2	67.4
12 years ...	1919	841	53.1	70.2	915	54.8	73.4
	1925	858	54.8	72.3	901	55.7	74.6
	1935	784	56.3	78.2	854	57.3	81.4
	1941	708	56.1	77.0	774	55.7	76.4
	1946	251	56.4	79.7	246	57.7	81.7
14 years ...	1947	425	62.8	104.4	364	62.0	106.3
	1948	904	62.8	106.9	678	61.7	105.9

### Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 19.5.

In the ten and fourteen year old groups, the percentages of children who were unable to read 6/6, 6/6, were :—

10 year boys.	10 year girls.	14 year boys.	14 year girls.
17.1	18.8	17.9	22.9

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

10 year boys.	10 year girls.	14 year boys.	14 year girls.
7.5	7.6	8.3	11.2

The total number referred for refraction was 364

The number of partially sighted children as judged by the accepted criteria is 14.

### Squint.

The number of children in the five year old group found to have a squint, even of the smallest degree, was 77.

### External Eye Disease.

The following defects were found in the course of Periodic Medical Inspection :—

Blepharitis ...	58	Conjunctivitis ...	8
Other defects ...	23		

### Uncleanliness.

See report on page 62

### Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections —

Scabies ....	7	Acne ....	12
Dermatitis ....	33	Naevus .....	7
Eczema ....	19	Urticaria ....	18
Seborrhoea ....	20	Impetigo ....	5
Warts ....	31	Other Diseases ....	98

### Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was 3.7 per cent. of the number examined. The percentage placed under observation was 9.0.

### Ear Disease and Defective Hearing.

132 children were noted as suffering from Otorrhoea at periodic medical inspection.

Defective hearing, mostly of a slight character, was found in 83 cases.

### Dental Defects.

922 children were found at the periodic medical inspection to have carious teeth.

### Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections —

Flat Feet ....	144	Spinal Curvature	263
Other Defects ...	389		

### Heart Disease and Rheumatism.

2.1 per cent. of all children examined were listed as having heart defects. Few of these were organic, and the vast majority required only observation. The number of children found to be suffering from rheumatism was 20.

### **Tuberculosis.**

Twenty-four cases were referred from routine medical inspection to the Tuberculosis Medical Officer for advice during the year. In addition, 50 "specials" were referred to the Tuberculosis Medical Officer for opinion, these including three cases referred to him in previous years. 28 school children were notified as suffering from tuberculosis (14 pulmonary and 14 non-pulmonary) during the year.

### **Vaccination.**

681 (9.7 per cent.) of the 7,049 children medically inspected were recorded as having been vaccinated.

### **FOLLOWING UP.**

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

### **ARRANGEMENTS FOR TREATMENT.**

#### **Consultation Clinic, Mill Hill Lane.**

968 attendances were made at this clinic during the year.

#### **Minor Ailments Clinics.**

The total number of children attending these clinics was 10,593, and the number of attendances was 47,959. Of this number, 11,866 examinations (inspections and re-inspections) were made by Medical Officers.

#### **Scabies.**

The number of cases of scabies treated during the year was 190, as compared with 365 in 1947, 663 in 1946 and 772 in 1945. In addition, 102 adults were treated during the year.

#### **Dental Clinic, Mill Hill Lane.**

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	...	6,894
Total number of attendances	...	...	...	9,844
Total number of clinics held	...	...	...	1,268

#### **Ophthalmic Clinic, Mill Hill Lane.**

Total number of cases attended	...	...	...	2,187
Total number of attendances	...	...	...	3,372

Included in these figures are 92 cases which were referred from Child Welfare Centres.



**Orthoptic Clinic.**

A general statement with regard to this clinic was made in the report for 1938. I am indebted to Miss J. McCabe, the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1948 (including 37 new cases)	...	...	...	...	...	163
--	-----	-----	-----	-----	-----	-----

**CLASSIFICATION.**

Under observation only	...	...	...	...	25
On preliminary treatment	...	...	...	...	32
On actual treatment	...	...	...	...	56
On waiting list	...	...	...	...	31
Refused	...	...	...	...	2
Discharged	...	...	...	...	17
					— 163
Total number of attendances	...	...	...	...	1,760

During the year 45 cases received operative treatment.

**Aural Clinic, Mill Hill Lane.**

The number of children who received operative treatment for tonsils and adenoids during 1948 was 684.

In addition, five children received operative treatment for ear conditions.

A hearing aid was supplied by the Local Education Authority for one case (prior to 5th July, 1948).

Total number of cases attended	...	...	...	1,234
Total number of attendances	...	...	...	2,862

Included in these figures are 143 cases referred from Child Welfare Centres.

**Ultra-Violet Ray Clinic, Mill Hill Lane.—**

Total number of children attended	....	....	264
Total number of attendances	....	....	4,535

In addition, 136 cases referred from the Child Welfare Clinics made 2,120 attendances.

**Ultra-Violet Ray Clinic, Green Street.—**

Total number of children attended	....	....	115
Total number of attendances	....	....	1,940

In addition, 10 cases referred from Child Welfare Clinics made 97 attendances.

In both clinics, the types of cases treated were similar to the lists given in previous reports.



**Orthopaedic Clinic, Mill Hill Lane.—**

Total number of cases attended	....	....	....	1007
Total number of attendances	....	....	....	2921

Included in these figures are 300 cases referred from Child Welfare Centres

**SUMMARY OF TREATMENT :—**

(a) At Harlow Wood Orthopaedic Hospital	....	9
(b) Number of X-Ray examinations (at City Hospital)	... ..	73
(c) At the Orthopaedic Clinic :—		
Massage, Exercises, Electricity, etc.	....	1,477
Attendances at Splint Maker	....	424

**Speech Clinic.**

Number of children attending	....	....	....	114
Number of attendances	....	....	....	1618
Number of Clinics held	....	....	....	290
Number of home visits	....	....	....	49
Number of school visits	....	....	....	35

**CHILD GUIDANCE CLINIC.**

Report by Miss E. S. Broughton, Psychologist.

The year 1948 was marked by an increase in the number of cases referred, the total number of referrals being 98, with 32 further cases carried forward for observation. The work is still severely handicapped by the lack of both Psychiatrist and Psychiatric Social Worker. The loss of contact in follow-up, which is inevitable while staffing stands as it is, is extremely serious in work of this kind. It is only by close parental co-operation that any improvement can be effected. As staffing stands at present, it is regrettable that the clinic finds itself of necessity becoming an advisory service rather than a centre of therapy.

There is also a wide field of work in the schools, where a crying need is felt for further accommodation for children of subnormal intelligence level. In addition, 23% of the cases referred here concerned educational backwardness with all its attendant psychological problems. Only special classes for remedial teaching with suitably gifted teachers in all sections of the schools can reduce the number of children leaving for work inadequately equipped to make the best of the ability they possess. An increase of 50% in the numbers referred from Secondary Modern and Grammar Schools combined suggests that only now are we beginning to feel the true effect of the upheaval during war years.

There is also a marked increase in the number of cases referred for delinquency. This is usually due to unsettled early home conditions—and often merely to a lamentable lack of definite parental guidance.

We are working in close touch with the Speech Therapy Department, but here again the work is very much hampered by the lack of a Psychiatrist.

We were sorry to lose the services of our remedial teacher, Miss R. Radford, B.A., who left in August to join the staff of Leicester Training College. She has done good work here for many years, working voluntarily at the opening of the clinic.

In October, Miss N. Gateley (National Froebel Certificate) took on this important section of the work, and is already proving her ability to interest the very backward child in achieving more. We could well do with a full-time remedial teacher, as progress in educational attainment is so often the only means of helping the child to adjust to a more normal personality.

We are grateful for helpful co-operation from the School Welfare Department, Social Welfare, Probation and Medical Departments.

During 1948 the Psychologist has lectured on Child Guidance work to a group of W.E.A. students and also to the Derby Branch of the Nursery School Association. The lack of staff at the clinic of necessity limits this very desirable method of making known the value of clinical work.

A social science student from Nottingham University spent the month of July in the department as part of her practical experience for her diploma, and another from the London School of Economics also did social work here in August. In addition, the work of the Child Guidance Clinic has been explained to students from the Roehampton Froebel Training Institution, Nottingham University, Manchester Training College, Derby Training College, Berridge House Domestic Science College, and a Liverpool Training College.

We have an increasing waiting list for remedial teaching.

Finally, it is only by the able service given by the part-time Secretary, Mrs. Hands, that we can possibly deal with the mass of increasing filing and case notes. Mrs. Hands' work is a most valuable asset, as her knowledge of past cases is long and accurate.

We look forward hopefully to the day when the appointment of a full team of workers may make the Child Guidance Clinic an adequate centre of child therapy.

### Survey of Cases, 1948.

New referrals ... ..	93
Re-referrals ... ..	5
On observation—carried forward ... ..	32
	<hr/>
	130
	<hr/>

The cases referred in 1948 consist of 48 boys and 50 girls, comprising :—

Pre-school children	...	...	...	...	...	5
Infants	...	...	...	...	...	20
Junior	...	...	...	...	...	35
Secondary	...	...	...	...	...	23
Grammar	...	...	...	...	...	8
Not at school (working)	...	...	...	...	...	1
Private	...	...	...	...	...	1
Remand Home	...	...	...	...	...	5
						—
						98
						—

#### Sources of referral.

School Medical Officers	...	...	...	...	29
Schools	...	...	...	...	29
School Welfare	...	...	...	...	14
Speech Therapist	...	...	...	...	4
General Practitioners	...	...	...	...	6
Parents	...	...	...	...	5
Education Department	...	...	...	...	4
Juvenile Court	...	...	...	...	6
Child Guidance Clinics	...	...	...	...	1
					—
					98
					—

#### Problem of referral.

Backwardness and Educational Advice	...	...	23
Behaviour Problems, including petty delinquency			57
Nervousness and Personality Problems, including Tics, Enuresis, Fears, etc.	...	...	18
			—
			98
			—

#### Cases closed in 1948, 71.

Adjusted	...	...	...	...	15
Partially adjusted	...	...	...	...	34
Unadjusted (parents unco-operative)	...	...	...	...	6
Uneventuated or left town	...	...	...	...	7
Recommended for Temple House Special School	...	...	...	...	8
Recommended for Occupation Centre	...	...	...	...	1
					—
					71
					—

#### Number of interviews in 1948.

PSYCHOLOGIST, MISS E. S. BROUGHTON, M.A.

Treatment interviews and test interviews	...	248
Play Therapy interviews	...	234
Home visits and parent interviews	...	177
School visits	...	70
Other interviews outside the clinic	...	85



**HEART AND RHEUMATISM CLINIC.**

Number of children attended	...	...	...	41
Number of attendances	...	...	...	52

Includes 10 pre-school children who made 12 attendances.

**PROVISION OF MEALS.**

The number of children on the Free Meal List is 482.

**CO-OPERATION OF PARENTS.**

The number of parents who attended with their children for routine medical inspection was as follows :—

<i>Number.</i>	<i>Total Percentage.</i>	<i>Percentage in Infant Group.</i>
3,568	50.6%	80.7%

**HANDICAPPED PUPILS.**

The following is a list of Handicapped Pupils in the area as recorded at the end of year :—

	<i>In Special Schools.</i>	<i>In Maintained Primary and Secondary Schools.</i>	<i>In Independent Schools.</i>	<i>Not at School.</i>	<i>Total.</i>
BLIND ... ..	3	—	—	—	3
PARTIALLY SIGHTED ...	14	—	—	—	14
DEAF ... ..	17	—	—	—	17
PARTIALLY DEAF ... .	—	23	—	—	23
DELICATE ... ..	2	234	—	6	242
DIABETIC ... ..	—	1	—	1	2
EDUCATIONALLY SUB-NORMAL ... ..	98	2	1	18	119
EPILEPTIC ... ..	1	4	—	—	5
MALADJUSTED ... ..	4	3	—	—	7
PHYSICALLY HANDICAPPED ... ..	7	54	1	26	88
SPEECH DEFECT ... ..	—	100	—	—	100
MULTIPLE DISABILITIES ...	15	17	—	3	35
GRAND TOTAL ... ..	161	438	2	54	655

**Educationally Subnormal.**

Notified under Section 57 (5), Education Act, 1944...	2
Notified under Section 57 (3), Education Act, 1944...	21

**Temple House Special School.**

During 1948, 21 children were referred for examination regarding their admission to the School. Of these, 15 were certified as capable of receiving benefit from instruction in the Special School and were actually admitted; 6, after examination, were retained in the elementary school.

**Work of the Local Branch of the Central Association for Mental Welfare.**

During the year, 40 visits were paid to homes of children who were either in or had left Temple House Special School.

**Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.**

There were no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

**EMPLOYMENT OF SCHOOL CHILDREN.**

During the year, 192 children were examined as to their fitness to undertake employment. Two were certified unfit.

**THE WORK OF THE SCHOOL NURSES.**

Seven nurses, including one employed whole-time on orthopaedic work are engaged on the work of the School Medical Services. In addition, four nurses are employed on half-time Health and half-time School Medical Services.

Home visits	....	....	....	...	....	....	2,259
School visits	....	....	....	....	....	....	115

**Visits to Nursery Schools.**

Number of visits paid	....	....	....	....	....	225
-----------------------	------	------	------	------	------	-----

**Clinics.****Sessions.**

Minor Ailments, Specialist Clinics and Ultra Violet					
Ray Clinics.	....	....	....	....	2,869

**VERMINOUS CONDITIONS.**

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 72 such cases in 1948. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	381
Number of sessions devoted to School Inspections	...		427

**MISCELLANEOUS WORK.**

Medical examinations were also made as follows :—

Teachers	...	...	...	...	...	...	26
Children for Approved Schools or Remand Homes	...						48
Children examined as to suitability for Boarding out...							28
Before proceeding to Woolley Moor Camp School	...						576
Before proceeding to Skegness Seaside Home	...						404
Before taking part in entertainments	...	...	...				26
Before taking part in School Journeys	...	...					85
Before proceeding to School Camp	...	...	...				204
Before admission to Institutions	...	...	...				7
Before proceeding to Agricultural Camps	...	...					294



## APPENDIX.

**TABLE I. MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.****A.—PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the Prescribed Groups—

Entrants ... ..	2,096
Second Age Group...	2,480
Third Age Group ...	1,886
Total ... ..	6,462
Number of other Periodic Inspections ... ..	587
Grand Total ... ..	7,049

**B.—OTHER INSPECTIONS.**

Number of Special Inspections ... ..	6,649
Number of Re-Inspections ... ..	1,6431
Total ... ..	23,080

**C.—PUPILS FOUND TO REQUIRE TREATMENT.**

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION  
TO REQUIRE TREATMENT

(excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIa	Total individual pupils.
Entrants ... ..	16	546	557
Second Age Group ... ..	184	474	620
Third Age Group ... ..	180	248	397
Total (prescribed groups) ...	380	1,268	1,574
Other Periodic Inspections...	1	149	149
GRAND TOTAL ... ..	381	1,417	1,723

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1948.

Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of defects.		No. of defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin ... ..	149	99	3,080	92
Eyes— <i>a.</i> Vision ... ..	381	153	1,220	412
<i>b.</i> Squint ... ..	165	57	359	91
<i>c.</i> Other ... ..	51	41	1,051	53
Ears— <i>a.</i> Hearing... ..	48	35	145	49
<i>b.</i> Otitis Media ...	67	65	307	49
<i>c.</i> Other ... ..	11	24	404	38
Nose or Throat ... ..	299	680	1,015	1,048
Speech ... ..	32	60	111	68
Cervical Glands ... ..	11	99	46	32
Heart and Circulation ...	34	163	64	228
Lungs ... ..	125	280	281	365
Developmental—				
<i>a.</i> Hernia ... ..	8	20	15	23
<i>b.</i> Other ... ..	7	8	14	16
Orthopædic—				
<i>a.</i> Posture ... ..	121	142	101	142
<i>b.</i> Flat foot ... ..	91	53	123	78
<i>c.</i> Other ... ..	173	216	362	304
Nervous system—				
<i>a.</i> Epilepsy ... ..	14	9	21	3
<i>b.</i> Other ... ..	18	32	46	99
Psychological—				
<i>a.</i> Development ...	1	34	25	91
<i>b.</i> Stability ... ..	3	13	78	65
Other ... ..	282	759	11,583	1,501

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	%	No.	%	No.	%
Entrants ... ..	2,096	1,213	57.87	848	40.46	35	1.67
Second Age Group ... ..	2,480	1,333	53.75	1,121	45.20	26	1.05
Third Age Group ... ..	1,886	1,002	53.13	870	46.13	14	0.74
Other Periodic Inspections ...	587	405	69.00	173	29.47	9	1.53
TOTAL ... ..	7,049	3,953	56.08	3,012	42.73	84	1.19

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment ... ..	—
(ii) Other treatment ... ..	11
Ringworm—Body ... ..	33
Scabies ... ..	188
Impetigo ... ..	232
Other skin diseases ... ..	2,679
Eye Disease ... ..	1,072
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects ... ..	934
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.) ...	9,443
TOTAL ... ..	14,592
Total number of attendances at Authority's minor ailments clinics ...	47,959



GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
ERRORS OF REEFACTION (including squint) ... ..	1,708
Other defect or disease of the eyes (excluding those recorded in Group I.) ... ..	—
Total ... ..	1,708
No. of Pupils for whom spectacles were (a) Prescribed ... ..	1,535
(b) Obtained ... ..	1,146

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ... ..	684
(b) for other nose and throat conditions ... ..	11
Received other forms of treatment ... ..	215
Total ... ..	910

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools ... ..	62
(b) No. treated otherwise ( <i>e.g.</i> in clinics or out-patient departments)... ..	576

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of Pupils treated (a) under Child Guidance arrangements ... ..	130
(b) under Speech Therapy arrangements ... ..	114

**TABLE IV.**  
**DENTAL INSPECTION AND TREATMENT.**

(1) Number of Pupils inspected by the Authority's Dental Officers—	
(a) Periodic age groups ... ..	17,102
(b) Specials ... ..	38
(c) TOTAL (Periodic and Specials) ... ..	17,140
(2) Number found to require treatment ... ..	9,204
(3) Number actually treated ... ..	6,894
(4) Attendances made by Pupils for treatment ... ..	9,844
(5) Half-days devoted to : (a) Inspection ... ..	128
(b) Treatment ... ..	1,268
Total (a) and (b) ... ..	1,396
(6) Fillings :	
Permanent Teeth .. ..	6,467
Temporary Teeth ... ..	21
Total ... ..	6,488

Table IV.—continued.

(7)	Extractions :	Permanent Teeth	...	...	...	...	1,448
		Temporary Teeth	...	...	...	...	8,497
					Total	...	9,945
8)	Administration of general anæsthetics for extraction					...	5,248
(9)	Other Operations :	(a) Permanent Teeth	...	...	...	...	960
		(b) Temporary Teeth	...	...	...	...	1
					Total (a) and (b)	...	961

## TABLE V.

## INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	51,635
(ii)	Total number of <i>individual</i> pupils found to be infested	...				1,471
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...			381
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...			381

## IV—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### Vaccination of Infants during period 1st January—4th July, 1948 :—

Total number of births ... ..	1,943
Children under 12 months died unvaccinated ...	117
Insusceptible ... ..	6
Postponed ... ..	15
Successful ... ..	456
Conscientious objection certificates ... ..	1,120

### Vaccination during period 5th July—31st December, 1948 .

Age at 31st December, 1948... i.e., born in years ... ..	Under 1 1948	1—4 1944-1947	5—14 1934-1943	15 or over before 1934	Total
<b>PRIMARY VACCINATIONS.</b>					
<i>Result of Inspection.</i>					
Typical Primary Vaccinia— Seventh—Tenth Day ...	26	3	2	11	42
Accelerated (Vaccinoid) Reaction —Fifth—Seventh Day ...	—	—	—	—	—
Maximum Local Reaction— Second—Third Day ...	—	—	—	1	1
No Local Reaction ... ..	1	—	—	—	1
<b>TOTALS ...</b>	<b>27</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>44</b>
<b>RE-VACCINATIONS.</b>					
<i>Result of Inspection.</i>					
Typical Primary Vaccinia— Seventh—Tenth Day ...	—	—	—	7	7
Accelerated (Vaccinoid) Reaction —Fifth—Seventh Day ...	—	—	—	11	11
Maximum Local Reaction— Second—Third Day ...	—	—	1	6	7
No Local Reaction ... ..	—	—	—	2	2
<b>TOTALS ...</b>	<b>—</b>	<b>—</b>	<b>1</b>	<b>26</b>	<b>27</b>

It will be noticed that there was a marked decrease in the number of infants vaccinated since July 5th with the advent of the National Health Service Act, 1946, and it has been decided to encourage vaccination of infants at the Child Welfare Centres during the coming year.



Cases of Infectious Disease Notified during 1948.

NOTIFIABLE DISEASE.	CIVILIAN CASES NOTIFIED IN WHOLE DISTRICT.														Service Cases.	TOTAL CASES NOTIFIED IN EACH WARD										Non-Residents.	Total Cases removed to Isolation Hospitals.					
	At Ages—Years.															TOTAL CASES NOTIFIED IN EACH WARD																
	At all ages	Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-65	65 and upwards.		Abbey.	Alveston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.			King's Mead.	Litchurch.	Normanton.	Osmaston.	Pear Tree.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Group)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	29	...	...	...	...	2	1	1	...	4	10	7	4	...	2	5	1	1	...	4	...	...	2	3	1	2	3	1	1	1	...	9
Scarlet Fever	133	1	2	8	17	15	60	18	6	1	3	1	1	...	10	20	10	7	3	4	...	5	23	5	6	1	14	19	3	3	...	55
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	3	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
Puerperal Pyrexia	52	...	...	...	...	...	...	3	11	29	9	...	...	...	4	4	3	2	1	2	1	...	3	3	2	2	1	2	1	4	19	1
Cerebro-Spinal Fever	7	4	1	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	3	1	...	...	...	...	...	1	...	...
Polio-myelitis	9	...	1	...	1	...	1	4	1	1	...	...	...	...	...	...	1	...	1	1	2	1	...	3	...	...	...	...	...	...	...	9
Acute Polio-Encephalitis...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Acute Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	94	1	5	2	2	1	9	1	5	2	11	17	28	10	7	12	4	1	4	7	6	4	9	2	9	7	4	9	4	5	...	7
Malaria	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...
Dysentery	3	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Respiratory Tuberculosis...	154	...	...	1	3	4	10	4	18	19	41	15	34	5	...	2	9	4	4	5	6	11	5	16	15	12	9	13	16	7	10	110
Non-Respiratory Tuberculosis	37	1	1	1	1	2	9	5	2	4	5	3	2	1	3	1	2	...	4	...	3	2	4	1	...	4	5	5	2	1	...	...
Ophthalmia Neonatorum...	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	1897	77	274	280	337	285	611	16	2	8	4	1	...	2	89	217	81	56	48	71	48	55	193	230	111	68	201	234	108	61	26	94
*Rubella	22	...	1	1	1	2	15	1	...	1	...	...	...	...	2	2	1	2	...	2	...	6	3	1	...	...	...	3	...	...	...	4
*Chicken-pox	263	8	28	28	23	23	138	7	2	3	2	1	...	...	3	26	4	19	6	13	44	16	50	16	17	15	12	6	4	4	8	23
Whooping Cough	376	56	62	44	50	72	90	2	...	...	...	...	...	...	18	62	20	14	15	3	8	13	46	12	5	15	46	60	20	19	...	18
Totals	3096	163	375	365	436	405	947	60	40	51	101	58	73	22	1014	361	133	106	90	114	125	109	354	288	169	123	299	356	151	111	67	340

\* Not compulsorily notifiable.

## COMMUNICABLE DISEASES.

### Pneumonia.

94 cases were notified during the year, of which nearly half occurred in the first four months. Only two cases were stated to be influenzal in type, and neither of these proved fatal. There were two deaths from notified cases, both males, aged 49 and 79 years.

### Influenza.

There was again very little during the year.

### Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in three instances, each of which recovered. For certain other cases the Works Welfare Nurses were in attendance.

### Scarlet Fever.

The number of notifications continued to decrease. There were 133, as compared with 143 for the previous year. The disease was again mild. During the year 55 cases were admitted to Hospital (66 in 1947). Of these, only six were admitted because of complications; two were transferred from other hospitals, and the remainder were admitted because of unsatisfactory housing or social conditions.

### Erysipelas.

There were 29 cases notified. The only death was a male aged 67 years who was also suffering from severe abdominal disease.

### Diphtheria.

It is very pleasing to report that there was not a single case of Diphtheria in the Borough during the whole of the year. Five patients were admitted to Hospital for observation, but on investigation they proved to be either tonsillitis or Vincent's angina.

This wonderful achievement is undoubtedly largely due to the very successful Diphtheria Immunisation campaign commenced by Dr. Haigh in 1931 and carried on so strenuously by him and his successors with the willing co-operation of the public. It is reasonable to assume that with the co-operation of the public we have seen the end of Diphtheria in Derby as a "killing" disease. It must be emphasised, however, that this most satisfactory position can only be maintained by the continued willingness of parents to have their children immunised before their first birthday.

### Diphtheria Prophylaxis.

During the year clinics were held at the Central Office, at Child Welfare Centres, at all Nurseries and Nursery Schools, and at various Primary, Secondary and Grammar Schools.

Number of sessions	...	...	...	...	...	302
First attendance of cases	...	...	...	...	...	2,421
Total number of attendances	...	...	...	...	...	6,685
Average attendance per session	...	...	...	...	...	22

The number of children under 5 years of age completing a full primary course of injections was 1,830. Number of children aged 5 to 14 years who completed a full primary course was 560. In addition, 1,679 children received single reinforcing doses to boost their immunity.

Only eight school children failed to complete a full course of injections. Of these, six left the district or could not be traced, and the parents of the other two refused further injections. Of the babies, there were 47 who did not complete a full course of injections, despite visits from the Health Visitor.

In addition to the above, 103 children under the age of 5 years and seven between the ages of 5 and 14 years have been completely immunised by private practitioners since 5th July under the National Health Service Act, 1946.

Arrangements made between the Borough and Shardlow Rural District regarding inter-immunisation were successfully continued during the year.

"Birthday cards" which stress the importance of Diphtheria Immunisation are now being sent out to the parents of all children in the Borough who have not been immunised at one year.

Circular letters to the parents of all school children, requesting consent for immunisation or re-immunisation, were issued at intervals throughout the year, and again met with a fairly satisfactory response.

At the end of the year the position with regard to the immunisation of Borough children under the Corporation scheme was:—

<i>Age.</i>	<i>Under 1 year.</i>	<i>1 year.</i>	<i>2 years.</i>	<i>3 years.</i>	<i>4 years.</i>	<i>Total under 5 years.</i>	<i>5-15 years.</i>	<i>Total under 15 years.</i>
Number Immunised	... 44	1,303	1,338	1,221	1,713	5,619	15,844	21,463

<i>Age.</i>	<i>Under 5 years.</i>	<i>5-15 years.</i>	<i>Total under 15 years.</i>
Estimated Mid-year Population, 1948	12,563	17,773	30,336
Percentage Immunised	... 44.73	89.15	

These percentages are again below the true state of affairs, as a number of children are still being immunised privately.



### **Measles.**

Contrary to expectation, the Measles epidemic of 1947 flared up again in 1948, and one wonders if the disease is now becoming endemic in Derby, as it is in most parts of the country. 1,897 (2,593 in 1947) cases were notified, of which 21 were cancelled. About 80% of the cases occurred in the first half of the year. The only death was a stranger aged nine months who was transferred from the Children's Hospital to the Derwent Hospital after Mastoidectomy.

### **Whooping Cough.**

376 cases were notified, of which four died. All the deaths occurred in babies under one year of age. Whooping Cough immunisation has not been offered as a routine at Diphtheria Immunisation Clinics because of its doubtful value, but has been given on request to 38 children.

### **Cerebro-Spinal Fever.**

Seven notifications were received, all of which were confirmed. Five of the cases were in infants under the age of 12 months, and the other two were aged 4 and 6 years. Two cases proved fatal, a girl aged 4 years and a baby aged 5 months.

### **Acute Poliomyelitis.**

During the year there were nine cases notified (22 in 1947), six of which proved to be abortive. All the cases occurred in the last quarter of the year, apart from one in February and one in March. The age range of the cases was as follows:—1—2 years, 1; 3 years, 1; 6 years, 1; 12—14 years, 5; 22 years, 1. As in previous years, the cases were scattered throughout the town, and all came from separate households.

### **Polio-Encephalitis.**

One case was notified, a stranger aged 3 years, who died just before arrival at the Derwent Hospital, the diagnosis being made at a post mortem examination.

### **Enteric Fever.**

There were three cases of typhoid fever during the year.

The first case occurred in March, a boy aged 12 years, who unfortunately died two days after admission to the Derwent Hospital. The source of infection was not discovered.

The second case occurred in December, a girl aged 24 years, who made a complete recovery in the Derwent Hospital. This girl lived at the opposite end of the same street as the boy, and most intensive investigations were made with no avail to find a common source of infection, and both families strongly denied any contact with each other. It was found, however, that the girl's grandmother was a chronic typhoid carrier. The old lady has been warned of the precautions she should take, and is visited periodically by the Health Visitor.

The third case also occurred in December, and was a stranger from abroad, admitted to the Derbyshire Royal Infirmary and later transferred to the Derwent Hospital.

There were no cases of para-typhoid fever during the year.

### Dysentery.

Three cases were notified, all of which were mild. Two were diagnosed on clinical grounds only, and in the third case (a girl of 15 years) a "Flexner" strain was isolated.

### Food Poisoning.

Only one case of food poisoning was notified, a baby aged 5 months, who was admitted to the Derby City Hospital, and in which the *Salmonella Thompson* was isolated. It is believed, however, that more cases actually occurred during the year but were not brought to the notice of the Public Health Department.

### Gastro-Enteritis.

There were 14 deaths in babies under one year of age during the year. As in previous years, the cases occurred fairly evenly throughout the whole 12 months. Apart from one premature infant, all the cases occurred in artificially fed babies.

### Malaria.

The only case notified was a lady who originally contracted the disease abroad.

### Ophthalmia Neonatorum.

Cases notified ... .. 15  
Eight of the cases were males and seven females.

<i>Cases.</i>			<i>Vision unim- paired.</i>	<i>Vision im- paired.</i>	<i>Total Blind- ness.</i>	<i>Deaths.</i>
<i>Notified.</i>	<i>Treated.</i>					
	<i>At Home.</i>	<i>In Boro' Hospitals.</i>				
15	7	†8	15	—	—	—

†—In-patients of Derby City Hospital (6); Nightingale Nursing Home (2).

The number of cases notified was four less than in 1947.

## BACTERIOLOGICAL, etc., EXAMINATIONS.

The following is a summary of examinations made to 4th July, 1948:—

### BOROUGH LABORATORY (Isolation Hospital).

Swabs for Haemolytic Streptococci	...	...	...	521
Swabs for Diphtheria	...	...	...	489
Swabs for Vincent's Angina	...	...	...	365
Sputa by ordinary method	...	...	...	1,186
Sputa by concentration methods	...	...	...	69
Cerebro-Spinal Fluid	...	...	...	46
Others	...	...	...	541

Borough Laboratory Total...	3,217
-----------------------------	-------

### BOROUGH ISOLATION HOSPITAL—IN-PATIENT DAYS.

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Others.</i>
<i>Year.</i>			
1944	9,719	5,470	12,647
1945	4,587	5,157	13,065
1946	2,547	3,826	6,966
1947	1,563	1,041	9,979
1st January—4th July, 1948	1,358	472	4,340
5th July—31st Dec., 1948 (Borough patients only)	623	180	2,748

### Cancer.

The recorded deaths from various types of malignant disease show a decrease in number as compared with 1947, *viz.*, 228 (250).

The Table shows the deaths by age distribution:—

<i>Age ...</i>	25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years & upwards.		All Ages.		
<i>Site.</i>	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL
Buccal Cavity	—	—	—	—	—	—	—	—	—	—	3	—	3	—	3
Uterus	—	—	—	1	—	3	—	7	—	6	—	2	—	19	19
Stomach & Duodenum	—	—	—	1	4	1	6	1	9	6	3	4	22	13	35
Breast	—	—	—	4	—	5	—	6	—	8	—	9	—	32	32
All Others	†2	—	5	—	12	9	20	16	35	12	15	13	89	50	139
Totals	†2	—	5	6	16	18	26	30	44	32	21	28	114	114	228

†—Includes 1 Male aged 16 years



# VENEREAL DISEASES.

FORM V.D. (R). (1948)

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1948.

	Syphilis		Soft Chancre		Gonorrhœa		Non-Venereal or undiagn'd Conditions.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Number of cases on 1st January under treatment or observation ...	272	260	—	—	150	51	59	27	481	338	819
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	15	21	—	—	—	—	—	—	15	21	36
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under item 4) suffering from:—											
Syphilis, primary ...	19	1	—	—	—	—	—	—	19	1	20
,, secondary ...	22	18	—	—	—	—	—	—	22	18	40
,, latent in 1st year of infection* ...	1	—	—	—	—	—	—	—	1	—	1
,, all later stages ...	16	15	—	—	—	—	—	—	16	15	31
,, congenital ...	4	10	—	—	—	—	—	—	4	10	14
Soft Chancre ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa—											
1st year of infection ...	—	—	—	—	154	28	—	—	154	28	182
later ...	—	—	—	—	—	1	—	—	—	1	1
Non-Venereal conditions ...	—	—	—	—	—	—	498	207	498	207	705
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres, etc....	35	13	—	—	18	1	8	1	61	15	76
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	384	338	—	—	322	81	565	235	1271	654	1925
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal ...	123	97	—	—	130	47	439	189	692	333	1025
6(a). Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary ...	—	—	—	—	—	—	—	—	—	—	—
,, secondary ...	—	—	—	—	—	—	—	—	—	—	—
,, latent in 1st year of infection* ...	—	—	—	—	—	—	—	—	—	—	—
,, all later stages ...	3	—	—	—	—	—	—	—	3	—	3
,, congenital ...	1	—	—	—	—	—	—	—	1	—	1
Soft Chancre ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa—											
1st year of infection ...	—	—	—	—	3	—	—	—	3	—	3
later ...	—	—	—	—	—	—	—	—	—	—	—
6(b). Number of cases under treatment or observation which died:—											
From the disease ...	—	—	—	—	—	—	—	—	—	—	—
From treatment ...	—	—	—	—	—	—	—	—	—	—	—
From other causes ...	2	1	—	—	1	—	1	—	4	1	5
7. Number of cases which ceased to attend after completion of treatment, but before final tests of cure...	10	3	—	—	26	1	—	—	36	4	40

## FORM V.D. (R).—continued.

	Syphilis.		Soft Chancre.		Gonorrhoea		Non-Venereal or undiagnosed Conditions.		TOTAL		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	36	19	—	—	22	3	13	10	71	32	103
9. Number of cases remaining under treatment or observation on 31st December ...	209	218	—	—	140	30	112	36	461	284	745
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	384	338	—	—	322	81	565	235	1271	654	1925
10. Number of cases in the following stages of syphilis INCLUDED IN ITEM 6 which failed to complete one course of treatment of either penicillin or of arsenic and bismuth :—											
Syphilis, primary ...	—	—	—	—	—	—	—	—	—	—	—
,, secondary ...	—	—	—	—	—	—	—	—	—	—	—
,, latent in 1st year of infection*	—	—	—	—	—	—	—	—	—	—	—
,, all later stages ...	—	—	—	—	—	—	—	—	—	—	—
,, congenital ...	—	—	—	—	—	—	—	—	—	—	—
11. Number of attendances :—											
(a) for individual attention of the Medical Officers ...	2426	2501	—	—	1353	299	2007	608	5786	3408	9194
(b) for intermediate treatment, e.g., irrigation, dressing ...	466	338	—	—	565	66	1089	130	2120	534	2654
TOTAL ATTENDANCES ...	2892	2839	—	—	1918	365	3096	738	7906	3942	11848
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year ...	4	9	—	—	1	—	2	—	7	9	16
(b) Aggregate number of "in-patient days" of treatment given ...	52	191	—	—	6	—	8	—	66	191	257
13. Number of cases treated with penicillin ...	82	72	—	—	176	30	Other Diseases		281	103	384
							M.	F.			
							23	1			

FORM V.D. (R).—*continued.*

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
14. Number of cases of congenital syphilis in Item 3 above classified according to age periods ...	—	1	—	1	1	3	3	5	4	10
15. Pathological Work:—	Microscopical		Cultural for Gonorrhœa	Serum		Cerebro- spinal fluid	Others for diag- nosis of Venereal Disease			
	for Syphilis	for Gonorrhœa		for Syphilis	for Gonorrhœa					
(a) Number of Specimens examined at, and by the Medical Officer of, the Treatment Centre ...	111	1,751	—	—	—	—	96			
(b) Number of Specimens from patients attending at the Treatment Centre for examination to an approved laboratory ...	—	—	—	2,703	196	111	—			

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Derby Borough.	Derby County	Staffs. County	Leicester County.	Burton-on-Trent.	Notts. County	Notts. Borough	Total.
A. Number of cases from each area included under the following headings in Item 3:—								
Syphilis ...	52	44	2	6	1	1	—	106
Soft Chancre ...	—	—	—	—	—	—	—	—
Gonorrhœa ...	102	65	5	8	—	2	1	183
Non-Venereal and undiagnosed conditions ...	32	325	10	34	8	4	4	705
TOTAL ...	474	434	17	48	9	7	5	934
B. Total number of attendances of all patients residing in each area	6502	4382	237	525	121	55	26	11848

\*“Syphilis latent in first year of infection.” applies to cases presenting no clinical sign of syphilis but discovered (by blood test, etc.) to have contracted this disease within the preceding 12 months.

26th January, 1949.

(Signed) H. R. MORGAN RICHARDS,  
Medical Officer of the Treatment Centre.



## V—TUBERCULOSIS.

Report by Dr. H. G. Grace, Clinical Tuberculosis Officer.

In order that the changes which took place in the Tuberculosis Service during 1948 may be more easily understood, it is perhaps convenient to describe the measures for the control of Tuberculosis as falling under three main headings :—

Diagnosis and Treatment.  
Prevention.  
Care and After-care.

In Derby, prior to the commencement of the National Health Service, these activities had been carefully integrated, and the work involved was carried on from the Chest Centre.

On 5th July, 1948, when the National Health Service Act, 1946, became operative, responsibility for the Tuberculosis Service (which had, until that date, been wholly vested in the Local Authority) was divided. Diagnosis and Treatment became part of the Hospital and Specialist Services administered by the Sheffield Regional Hospital Board under Part II of the Act, while Prevention, with Care and After-care, remained the duty of the Local Health Authority as required by Part III.

The danger of dislocation to the Tuberculosis Services, as they were before the Appointed Day, had been foreseen and, following the advice of the Ministry of Health, arrangements were made for part of the services of the Clinical Tuberculosis Officer to be retained by the Local Health Authority with the object of preserving an effective co-ordination of all branches of Tuberculosis work.

The net result of the important changes brought about by the National Health Service Act, from the point of view of the Derby public, is that the Chest Centre functions very much as before.

### Notifications.

		1948.	<i>Compared with</i> 1947.
Respiratory Tuberculosis ...	...	164	203
Non-respiratory Tuberculosis	...	37	31
		<hr/> 201	<hr/> 234

### Deaths.

Respiratory Tuberculosis ...	...	58	55
Non-respiratory Tuberculosis	...	13	12
		<hr/> 71	<hr/> 67

Of the 58 deaths from respiratory tuberculosis, 41 (71%) occurred within two years of notification, this number including seven instances where death occurred before notification.

69% of the deaths from non-respiratory tuberculosis (*i.e.*, nine of the total thirteen) were not notified before death.

## Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at 31/12/48 on the Register of Notifications kept by the Medical Officer of Health ... ..	378	263	641	56	64	120	761
Number of cases removed from the Register during the year by reason of:—							
1. Withdrawal of notification ...	3	1	4	—	—	—	4
2. Recovery from the disease ...	9	2	11	5	1	6	17
3. Death (all causes) ... ..	47	15	62	7	6	13	75
4. Otherwise ... ..	19	17	36	5	6	11	47

## Tuberculosis Notifications and Deaths.

## AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years ...	—	—	—	1	—	—	—	1
1—5 „ ...	5	3	2	3	—	—	1	1
5—10 „ ...	6	4	1	6	—	—	—	—
10—15 „ ...	2	2	3	2	—	—	1	—
15—20 „ ...	10	8	1	1	3	—	—	—
20—25 „ ...	11	8	1	3	2	3	1	1
25—35 „ ...	20	17	3	2	9	5	1	1
35—45 „ ...	10	5	3	—	10	3	3	—
45—55 „ ...	13	4	—	1	9	3	—	—
55—65 „ ...	12	2	—	1	5	1	—	1
65 and upwards	4	—	—	1	5	—	—	1
Totals ...	93	53	14	21	43	15	7	6

\*New Cases.—Cases transferred to Derby during 1948 from other areas are not included.

1948.

Public Health (Tuberculosis) Regulations, 1930.

PART I.

Summary of notifications of Tuberculosis during the period from the 1st January, 1948, to the 31st December, 1948, in the County Borough of Derby.

AGE PERIODS.....	FORMAL NOTIFICATIONS.													
	Number of Primary Notifications of New Cases of Tuberculosis.													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages).
Respiratory, Males ...	-	-	5	6	2	10	11	20	9	12	11	3	-	89
Respiratory, Females...	-	-	3	4	2	8	8	17	5	3	1	-	-	51
Non-Respiratory, Males ...	-	-	2	1	2	1	1	3	-	-	-	-	-	10
Non-Respiratory, Females ...	1	-	2	6	2	1	2	1	-	1	-	-	-	16



## PART II.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

SOURCE OF INFORMATION			NUMBER OF CASES IN AGE GROUPS														TOTAL
			0-1	1-2	2-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75			
Death Returns from Local Registrars.	Respiratory	M	-	-	-	-	-	-	-	-	1	1	-	1	-	3 (A)	
		F	-	-	-	-	-	-	-	-	-	1	1	-	-	2 (B)	
	Non-Respiratory	M	-	-	-	-	1	-	-	-	3	-	-	-	-	4 (C)	
		F	-	-	-	-	-	-	1	1	-	-	1	-	1	4 (D)	
Death Returns from Registrar-General transferable deaths).	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (A)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
Posthumous Notifications.	Respiratory	M	-	-	-	-	-	-	-	-	-	-	1	-	-	1 (A)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	1	-	-	-	-	-	-	-	-	-	-	-	1 (D)	
"Transfers" from other areas (excluding transferable deaths).	Respiratory	M	-	-	-	-	-	1	2	4	1	2	-	-	-	10 (A)	
		F	-	-	-	-	-	1	2	3	-	-	1	1	-	8 (B)	
	Non-Respiratory	M	-	-	-	1	-	-	-	-	-	-	-	-	-	1 (C)	
		F	-	-	-	1	-	-	-	-	-	-	-	-	-	1 (D)	
Other Sources.	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (A)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
TOTALS (A) ..																14	
(B) ..																10	
(C) ..																5	
(D) ..																6	

**Chest Centre.** (Period 1st January—4th July, 1948).

Number of Clinics held ... ..	259
Total Clinical Attendances ... ..	3,384
Number of new patients examined ... ..	828
Number of "contacts" examined ... ..	293
Number of "contact" re-examinations ... ..	229

Twenty-one of the contacts examined were found to be suffering from active tuberculosis.

**ACTIVE TREATMENT.**

Artificial Pneumothorax—

59 patients were given 596 refills.

Pneumoperitoneum—

33 patients were given 342 refills.

**X-RAY WORK.**

The services of the Radiographer are shared with the Derwent Hospital. Figures for the Chest Centre are as follows:—

Screenings ... ..	968
Films taken ... ..	1,417

**School Children.**

During 1948, 443 school children (observation cases and "contacts") were examined at the Chest Centre. Of the 28 found to be tuberculous, 14 were suffering from pulmonary tuberculosis and 14 from other forms of tuberculosis.

**Derwent Hospital.** (Period 1st January—4th July, 1948).

Number of patients admitted to Sanatorium ... ..	85
Number of patients discharged ... ..	58
Number of patients died ... ..	17

The average period in Sanatorium of the patients discharged was 234.6 days, and for the patients who died 150.7 days.

**Orthopaedic Cases.**

Tuberculous orthopaedic cases are under the care of the Orthopaedic Specialist, Mr. G. Pulvertaft, who sees them as required at his various clinics in the town.

**Dental Treatment.**

Special arrangements are made to provide dental treatment for patients suffering from pulmonary tuberculosis, and during the year nine patients were referred to the Dental Officer, Mr. A. Stafford, for advice and treatment at the Derwent Hospital.

**Health Visiting.**

2,405 visits were made to patients' homes by the Health Visitors.

### Care and After-care.

831 interviews were made by the Almoner during the period 1st January, 1948, to 4th July, 1948, and the following particulars refer to the work undertaken :—

**Tuberculosis Maintenance Allowances** made in accordance with Ministry of Health Memo. 266T, and under local schemes supplementary to the Statutory Allowances :—

Scheme.	No. of Patients Drawing Allowances on 1/1/48.	No. of Applications During 1/1/48-4/7/48.	Accepted.	Rejected.	No. of Allowances Terminated.	No. of Patients Drawing Allowances on 4/7/48.
Memo 266T ...	56	46	43	3	26	73
Public Health Minutes ...	41	1	1	—	3	39
Social Welfare...	20	7	7	—	7	20

From the commencement of these Allowances in August, 1943, to their termination in July, 1948, 469 patients received allowances.

### Cost of Maintenance Allowances during 1948.

	£	s.	d.
Memo. 266T ... ..	1,348	16	5
Public Health Minutes ... ..	1,027	12	5
Social Welfare ... ..	421	2	2
Total ... ..	£2,797	11	0

### Provision of Free Milk, Clothing, etc.

47 patients were provided with Free Milk at a cost of £224 2s. 1d.

7 patients were provided with Clothing at a cost of £15 11s. 0d.

15 patients were provided with Bedding, Towels, etc., at a cost of £23 0s. 6d.

In addition to this assistance, 22 patients and their families were assisted through the kind co-operation of Voluntary Agencies within the town.



## Rehabilitation.

Fourteen patients previously receiving treatment allowances, and three patients in receipt of Disability Pensions, returned to work. One ex-serviceman was placed in a training college.

Six of these patients were registered as Disabled Persons under the Disabled Persons (Employment) Act, 1944.

## Housing.

Number of patients awaiting re-housing at end of 1947	...	2
Number of patients recommended for re-housing during 1948	...	11
Re-housed during 1948 (four in converted army huts and one in permanent house)	...	5
Deferred by Housing Committee	...	3
Rejected by Housing Committee	...	1
Converted Army Hut offered to patient, but refused as unsuitable	...	1
No known action	...	3

In presenting the above details of the re-housing of patients suffering from pulmonary tuberculosis, it should be borne in mind that, from the point of view of safeguarding public health, re-housing of infectious cases now assumes a greater significance. Whereas before 5th July, 1948, the number of beds available in sanatorium for tuberculous patients in the Borough of Derby was sufficient to obviate a waiting list, this is not now the case. The Derwent Hospital now serves not only the Borough of Derby, but a large area of Derbyshire. This entails a waiting list for admission, with an increased danger of spread of disease if there is inadequate housing accommodation.

While recognising the difficulties of the present housing position, it seems reasonable to expect that a true priority should be given in cases where infection and overcrowding are known to exist together. This has not always obtained in the past, as the figures given above show.

Finally, the policy which now appears to be followed of re-housing these patients in converted Army Huts, grouped in one area, is, in my opinion, unsatisfactory and should be abandoned forthwith.

## VI—HOSPITALS.

### DERBY CITY HOSPITAL.

Statistics for six months—1st January—4th July, 1943.

#### Staffing.—Whole-time.

**Medical.** Medical Superintendent.  
Deputy Medical Superintendent.  
Seven Medical Officers.

#### Part-time.

Visiting Staff : 32.

**Nursing.** (a) Trained Nurses 47 (including Matron, Assistant Matron and Sister Tutor).  
(b) Student Nurses 78 ; Midwifery Pupils 15.  
(c) Nursing Cadets 12.

**Other.** (a) Clerical : 1 Assistant Secretary ; 6 others.  
(b) 2 Dispensers ; 3 Physiotherapists ;  
4 Pathological Technicians.  
(c) 27 Other Male Staff (Porters, etc.) ; Domestic Staff.

This Hospital is a recognised Training School for State Registration and for Part 1 of the Central Midwives' Board Certificate, and also for the training of Midwives in Gas and Air Analgesia.

Nine Nurses passed the Final State Examination ; 19 Nurses passed the Preliminary State Examination ; 14 Nurses passed C.M.B. Examination ; 18 Nurses passed Gas and Air Analgesia Examination.

#### Total Number of :—

Admissions (of these, 80 were Service patients, and 557 Births) ... ..	3,380
Maternity Cases ... ..	639
Ante-Natal Attendances ... ..	5,412
Maternal Deaths... ..	1
Treatments in Physiotherapy Dept. ... ..	9,961
Operations ... ..	1,518
X-Ray Examinations ... ..	2,006
Pathological Examinations ... ..	11,954
Dental Cases ... ..	774
Out-Patients (excluding Ante-Natal) ... ..	2,285
Out-Patients' Attendances (excluding Ante-Natal)... ..	6,337

**Operations.** Total 1,518.

Abdominal	...	...	339	Wounds	...	...	...	19
E.N.T.	...	...	510	Caesarian Section	...	...	...	12
Rectal	...	...	54	Other Gynæcological and				
Bones and Joints	...	...	152	Maternity	...	...	...	157
Varicose Veins	...	...	65	Miscellaneous	...	...	...	140
Genito-Urinary	...	...	70					

**Anaesthetics.**

General	...	...	...	1,359	Intravenous	...	...	...	48
Spinal	...	...	...	24	Local	...	...	...	22

Many of the general anaesthetics were induced by a preliminary intravenous anaesthetic.

**Maternity Department.**

639 patients were admitted.

575 were booked cases.

63 were unbooked cases.

1 death occurred in the booked cases.

**Dental Department.**

Attendances	...	...	774	Extractions	...	...	...	639
Gas Anaesthetics	...	...	214	Fillings	...	...	...	113
Intravenous Anaesthetics	...	...	4	Dentures	...	...	...	12
Local Anaesthetics	...	...	22	Inspections	...	...	...	242

**X-Ray Department.**

	No. of Examinations	...	...	2,006				
Bones and Joints	...	...	539	Genito-Urinary	...	...	...	86
Chests	...	...	872	Obstetrics	...	...	...	157
Gastro-Intestinal	...	...	145	Miscellaneous	...	...	...	165
Biliary	...	...	42					
	No. of Films taken	...	...	4,206				
	No. of Screens taken	...	...	169				

**Physiotherapy Department.**

	No. of Treatments	...	...	9,961				
Massage	...	...	...	1,393	Radiant Heat	...	...	2,662
Electrical	...	...	...	398	U.V.L.	...	...	473
Exercises	...	...	...	5,035	Short Wave Diathermy	...	...	141
Paraffin Wax Baths	...	...	...	82				

**Occupational Therapy.**

No. of Treatments	...	...	580	No. of Attendances	...	...	...	139
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**Pathological Department.****BLOOD.**

Counts ... ..	1,997
Haemoglobins ... ..	458
Groupings ... ..	133
Malaria Films ... ..	12
Bleeding Times ... ..	6
Coagulation Times ... ..	8
Prothrombin Times ... ..	56
Sedimentation Rates ... ..	508
Icteric Index ... ..	8
Van den Berg Reaction ... ..	9
Sugar Estimation ... ..	309
Urea Estimation ... ..	382
Uric Estimation ... ..	12
Protein Estimation ... ..	56
Cholesterol Estimation ... ..	18
Phosphatase Estimation ... ..	29
Thiocyanate Estimation ... ..	Nil
Chloride Estimation ... ..	6
Calcium Estimation ... ..	1
Sodium Estimation ... ..	4
Thymol Turbidity ... ..	9
Serum Colloidal Gold ... ..	6
Takata Ara ... ..	8
Widal Reactions ... ..	19
Cultures ... ..	26
Paul Bunnell ... ..	2
Non-protein Nitrogen ... ..	3
Pyruvic Acid ... ..	1
Cold Agglutinis. ... ..	9
Frag. of R.B.C. ... ..	1

**SWABS.**

Throat ... ..	597
Nose ... ..	104
Vaginal ... ..	287
Cervical ... ..	3
Urethral ... ..	6
Mouth ... ..	5
Eye ... ..	69
Ear ... ..	17

**URINE.**

General Examinations ... ..	1,083
Urea Cone. Tests ... ..	12
Urea Clearance Tests ... ..	15
Cultures ... ..	9
Bence Jones Protein ... ..	3
Hippuric Acid Excretion ... ..	Nil
Diastatic Index ... ..	1
Chloride Estimation ... ..	5
Sugar Differentiation ... ..	3
Miscellaneous ... ..	1
A.N.C. Albumen and Sugar ... ..	3,681

**FLUIDS.**

Cerebro-spinal ... ..	146
Pleural ... ..	55
Ascitic, etc. ... ..	5

**MISCELLANEOUS.**

Fractional Test Meals ... ..	66
Pus ... ..	242
Sputum ... ..	618
Faeces ... ..	401
Penicillin Sensitives ... ..	11
Cough Cultures ... ..	Nil
Faeces for Tape worm Heads ... ..	1
Bacteriological Agglut. ... ..	3
Strep. Grouping ... ..	9
Faecal Fats ... ..	3
Skin Scraping ... ..	1

**MICROSCOPICAL SECTIONS ... 391**

## DERWENT HOSPITAL.

## Detailed Analysis of Admissions and Discharges during 1948.

DISEASE.	TOTAL REMAINING IN HOSPITAL 31/12/47	1ST JANUARY—31ST DECEMBER.				
		CIVILIANS—BOROUGH.				
		R'M'G IN HOSP. 31/12/47	ADM.	DISCH.	DEAD	R'M'G IN HOSP. 31/12/48
Scarlet Fever ... ..	12	12	55	61	—	6
Diphtheria ... ..	2	1	—	—	—	1
Typhoid Fever ... ..	—	—	1	—	—	1
Cerebro-Spinal Fever ... ..	1	1	5	5	—	1
Acute An. Poliomyelitis ... ..	11	2	9	10	—	1
Acute Polio-Encephalitis ... ..	—	—	1	—	1	—
Erysipelas ... ..	2	2	9	9	2	—
Pneumonia ... ..	—	—	7	7	—	—
Measles ... ..	1	1	94	92	3	—
Whooping Cough ... ..	—	—	18	13	2	3
Puerperal Pyrexia ... ..	—	—	2	2	—	—
Dysentery ... ..	—	—	2	2	—	—
Chicken Pox ... ..	1	1	23	21	1	2
Rubella ... ..	1	1	4	5	—	—
Tetanus ... ..	—	—	1	—	1	—
Pneumococcal Meningitis ... ..	—	—	—	—	—	—
T.B. Meningitis ... ..	—	—	1	—	—	1
Staphylococcal Meningitis ... ..	—	—	—	—	—	—
Pemphigus ... ..	—	—	—	—	—	—
Non-Membranecus Croup ... ..	—	—	2	2	—	—
Rheumatism ... ..	1	—	1	1	—	—
Erythema Multiforma ... ..	—	—	1	1	—	—
Infective Hepatitis ... ..	—	—	1	1	—	—
Mumps ... ..	—	—	13	12	—	1
Tonsillitis ... ..	—	—	25	25	—	—
Naso-pharyngitis ... ..	—	—	3	3	—	—
Vincent's Angina ... ..	—	—	3	3	—	—
Ludwig's Angina ... ..	—	—	1	1	—	—
Influenza ... ..	—	—	3	3	—	—
Rheumatic Fever ... ..	—	—	—	—	—	—
Cellulitis ... ..	—	—	10	9	1	—
Gastro-enteritis ... ..	2	2	35	31	5	1
Mumps & Cerebral Thrombosis ... ..	—	—	—	—	—	—
Mumps & Meningitis ... ..	—	—	1	1	—	—
Meningo-encephalitis ... ..	—	—	1	1	—	—
Psoriasis ... ..	—	—	2	2	—	—
Toxic Erythema ... ..	—	—	2	2	—	—
Erythema Nodosum ... ..	—	—	1	1	—	—
Dermatitis ... ..	—	—	5	4	1	—
Otitis Media ... ..	—	—	1	1	—	—
Cervical Adenitis ... ..	—	—	5	5	—	—
Enteritis ... ..	—	—	1	1	—	—
Bronchitis ... ..	—	—	2	1	—	1
Septicæmia ... ..	—	—	1	1	—	—
Encephalitis ... ..	—	—	1	1	—	—
Quinsy ... ..	—	—	5	5	—	—
Urticaria ... ..	—	—	2	2	—	—
Lymphangitis ... ..	—	—	1	1	—	—
Cancer ... ..	—	—	1	—	—	1
Scarlet Fever Contact ... ..	—	—	1	1	—	—
Observation ... ..	—	—	1	1	—	—
Various ... ..	—	—	56	53	2	1
TOTAL ALL DISEASES ... ..	34	23	420	403	19	21





## Report for the period 1st January—4th July, 1948.

Post Mortem Examinations      ...      ...      ...      ...      ...      3

### Operations.

Appendicectomy	...	...	...	...	...	1
Mastoidectomy	...	...	...	...	...	3
Ligation of Femoral Veins	...	...	...	...	...	1
Tracheotomy	...	...	...	...	...	1

### Derwent Hospital Provisioning.

				Days in Hospital (Patients).	Average Patients per Day.	Cost of Provisioning.	Average Cost per Patient per Day. †
						£    s.    d.	s.    d.
1947	...	...	...	12,583	34.47	2,925    4    9	4    7.79
1948. 1/1/48 to 4/7/48				6,394	34.31	1,333    13    0	4    2.06

† This includes cost of provisioning staff.

### Tuberculosis Sanatorium Provisioning.

				Days in Sanatorium (Patients).	Average Patients per Day.	Cost of Provisioning.	Average Cost per Patient per Day. †
						£    s.    d.	s.    d.
1947	...	...	...	24,625	67.44	4,809    6    10	3    10.87
1948. 1/1/48 to 4/7/48				12,822	68.93	2,614    8    1	4    0.94

† This includes cost of provisioning staff.

### Tuberculosis Sanatorium.

Admitted (Derby 73, Burton 16, Derbyshire County Council 3)	...	...	...	...	...	92
Died	...	...	...	...	...	18

The following procedures were carried out :—

Artificial Pneumothorax—Inductions...	...	...	13
—Refills	...	...	200
Pneumoperitoneum —Inductions...	...	...	2
—Refills	...	...	48
Thoracoscopy	...	...	21
Phrenic Crush	...	...	25
Bronchoscopy	...	...	14
Rib Resection	...	...	1
Pleural Aspirations	...	...	25
Air Replacement	...	...	2
Paracentesis Abdominis	...	...	3
Blood Transfusions	...	...	2
Blood Sedimentation Tests	...	...	260
X-Ray Dept.—Films	...	...	595
—Screenings	...	...	108
—Pleurograms	...	...	3

Two patients were transferred for Thoracoplasty.

#### **Nurses' Examinations.**

Passed Final State Examination	...	...	1
Passed Preliminary State Examination	...	...	6

## VII—MENTAL HEALTH

### (I.) Administration.

(a) All the functions of the Local Authority and the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890—1930, the Mental Deficiency Acts, 1913—1938, and Section 51 of the National Health Service Act, 1946, stand referred to the Mental Welfare Sub-Committee, consisting of 10 members of the Health Committee, which meets monthly.

(b) Mental Welfare is under the general supervision of the Medical Officer of Health.

The Medical Superintendent of the Kingsway Hospital and the Senior School Medical Officer are both approved by the Local Authority for the purpose of giving medical certificates under the Mental Deficiency Acts, 1913—1938.

The Mental Welfare Officer, possessing a Social Science Diploma, has had two years' experience in training defectives in an institution and 17 years' experience in community care of mental defectives.

Occupation Centre Staff.—Supervisor—position vacant.

The Senior Assistant Supervisor (unqualified) has musical qualifications and over a year's experience in the Centre, and attended a refresher course in July, 1948.

The Junior Assistant Supervisor had no previous training with mental defectives, but had three years' training and experience in Nursery School work (holding an Emergency Diploma) and has now had a year's experience with the baby class at the Centre.

The three Duly Authorised Officers appointed were formerly Relieving Officers under the Social Welfare Committee.

(c) The Mental Welfare Officer supervises cases on licence from Stoke Park Colony, Whittington Hall, Farmfield Colony and Stretton Hall: Stallington Hall, however, where the Local Authority has a number of patients, employs its own Social Worker for placing cases on licence and visiting them.

Six farms were visited in connection with the placing of two defectives on licence.



Visits in connection with renewal of Orders under Section 11 and applications for holidays are paid on behalf of 17 institutions.

(d) No duties are delegated to Voluntary Organisations, but the Derby Voluntary Association for Mental Welfare carries out duties as follows :—

- i. To supplement the duty of the Education Committee regarding the care of handicapped children by supplying the School Medical Officer with reports on home conditions as desired for the following categories of children :—

(a) Apparently subnormal or mentally defective children, not yet attending school, whose mental condition is under observation but not yet classified.

(b) Those in attendance at schools for educationally sub-normal children.

- ii. To make the work of the Occupation Centre known locally, and to provide recreational facilities for the children.

- iii. To organise local lectures and talks to groups of people interested in Mental Welfare.

(e) Arrangements have been initiated for the training of the Duly Authorised Officers.

## **(II.) Account of Work Undertaken in the Community.**

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care :—

### **Prevention.**

The Duly Authorised Officers dealt with 33 cases as follows :—

- 1 Married woman. Soldier husband serving overseas. Certified by Registered Medical Practitioner :—

Compassionate posting obtained for husband. Justice discharged patient to care of husband under Section 22, Lunacy Act, 1890.

- 4 Certified elderly persons were discharged by Justice and admitted to Manor Hospital under Part III, National Assistance Act, 1948.

- 1 Mental patient, aged 47, under observation in care of relatives.

- 1 Feeble-minded patient, aged 43, evicted from home :—Other lodgings found and National Assistance obtained.

- 1 Married woman—previously a mental patient. Soldier husband serving in Middle East. Police report of neighbours causing trouble :—

Kept under observation. Now joined husband in Egypt.

- 1 Married man, aged 40, with family of six children : ex-serviceman with head injury and domestic trouble :—

Psychiatric treatment obtained, domestic trouble settled, suitable employment found and case satisfactorily concluded.

- 4 Male patients found suitable employment.

- 1 Female, aged 64, married but separated, living alone ; mental but harmless :—

Under strict observation for 12 months ; after being evicted, with nowhere to reside, was admitted as temporary patient.

- 4 Patients left the town in the care of relatives.

- 1 Married woman with six children (twins one year old) admitted to Home temporarily to provide a rest.

- 14 Patients receiving regular visits for observation.

### Care.

The Duly Authorised Officers dealt with seven cases as follows :—

- 1 Female voluntary patient, aged 49, married but separated, with no relative or friend willing to look after affairs :—

Administration of affairs included admission of child to Children's Homes and the payment of his maintenance therein.

- 6 Mental patients :—

Claiming of wages, National Insurance, National Assistance, Disability Pensions and Retirement Pensions : the storing of personal property and communications with distant relatives on their behalf.

### After-care.

The Duly Authorised Officers dealt with 86 cases as follows :—

- 1 Female sent to Convalescent Home.

- 3 Cases returned to regular employment.

- 1 Female re-admitted to Mental Hospital.

- 4 Cases kept under constant observation.

- 1 Married woman helped to rejoin soldier husband at Leicester :—

Prevented husband being posted abroad on account of his wife's condition.

- 74 Cases were visited.

- 2 Male cases were provided with suitable work after contacting employers.

## (b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

SECTION ...		LUNACY ACT, 1890.					MENTAL TREATMENT ACT, 1930.		TOTAL.
		20	21(1)	21(A)	16	4	1	5	
Under 16 years	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	1	—	—	—	1
16 to 25 years	M.	1	—	—	3	1	—	2	7
	F.	1	1	—	2	—	1	—	5
25 to 35 years	M.	4	—	—	5	—	—	2	11
	F.	2	—	—	4	—	—	2	8
35 to 45 years	M.	2	—	—	2	—	—	3	7
	F.	3	—	—	2	—	—	1	6
45 to 55 years	M.	5	1	—	5	—	—	3	14
	F.	1	2	—	3	—	—	4	10
55 to 65 years	M.	1	—	—	1	—	1	—	3
	F.	2	—	—	2	—	3	—	7
65 to 75 years	M.	—	—	—	1	—	—	1	2
	F.	1	1	—	3	—	—	—	5
75 to 85 years	M.	—	—	—	1	—	2	1	4
	F.	—	—	—	1	—	—	—	1
TOTAL ...	M.	13	1	—	18	1	3	12	48
	F.	10	4	—	18	—	4	7	43

} 91

## (c) Under the Mental Deficiency Acts, 1913-1938.

## (i) ASCERTAINMENT.

Cases ascertained to "subject to be dealt with" ...	24
Other cases, not at present "subject to be dealt with." but for whom the Local Health Authority may subsequently become liable...	9
Number of cases on urgent list for institutional care...	16
Certifications (Mental Welfare Officer acts as Petitioning Officer)...	3



## (ii) GUARDIANSHIP AND SUPERVISION.

Under Guardianship (Supervised by Mental Welfare Officer)	...	18
Under Statutory Supervision	... ..	318

## (iii) TRAINING.

Children receiving training in Occupation Centre	... ..	31
--	--------	----

The Occupation Centre was moved to premises more suited to the purpose during the period. These premises were renovated, and the children were transferred there in November, 1948.

The Mental Welfare Officer held 150 interviews during the period, some of which were in connection with psychotic or neurotic patients, who were referred either to the Psychiatric Clinic or to one of the Duly Authorised Officers to be dealt with.

**(III.) Ambulance Service.**

The Central Ambulance Service is called upon as required, and during the period 11 mental patients were removed.

## VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Almoner.

I have much pleasure in submitting my annual report for 1948.

In view of the introduction of the National Health Service Act, the report has been divided into two periods, the first of these covering 1st January to 4th July, 1948, and the second from the 5th July to 31st December, 1948. In order to present a clear administrative picture, the report on the first period has been included with that of the Clinical Tuberculosis Officer. The second period, which saw the gradual introduction of the Authority's plans for the Prevention of Illness, Care and After-care under Section 28 of the National Health Service Act, was one of great interest, and I have thought it wise to comment separately on the work for the tuberculous and non-tuberculous patient.

### **Tuberculosis.**

The Authority's decision to extend the scope of the After-care Scheme in order to embrace all forms of sickness necessitated the transfer of the Almoner from the Chest Clinic to the Central Health Department. This move has not detracted from the service to the tuberculous. Attendance is made at the Chest Clinic each morning, and there is frequent consultation with the Clinical Tuberculosis Officer and his staff. The advent of the National Assistance Act, by removing the clerical work required under M266F, enabled the Almoner to concentrate more fully on the patient's social requirements and personal problems. Amongst the social requirements of infectious patients, mention must be made of the outstanding problem of housing. Cases which warrant re-housing on medical grounds are recommended by the Clinical Tuberculosis Officer, and, whilst this is primarily a medical problem, it cannot be over-emphasised that unsatisfactory housing presents the most difficult social problem of to-day. It plays havoc with the patient's home life and is a constant strain on the family. The present method of allocating houses to infectious tuberculous patients is, I suggest, unsatisfactory, and the comparatively few cases which meet the stringent medical and social investigation appear to be re-housed too slowly.

Rehabilitation of the tuberculous patient was fairly satisfactory, though towards the end of the year there were signs of the difficulties to come in placing patients in suitable work if the present high demand for labour falls off. It is also to be expected that any slackening in this demand will have serious repercussions on those patients already in employment. Closely linked with the problem of rehabilitating the tuberculous patient is the need for maintaining his interest and morale whilst he is undergoing treatment. Co-operation with Voluntary Societies has resulted in many patients being assisted with Occupational Therapy, and, whilst acknowledging their valuable assistance, I feel there is a need for the trained Occupational Therapist, able to visit the patient in his home and provide him with a constant supply of material and encouragement.

The Authority accepted the recommendations of the Association of Municipal Corporations regarding the provision of welfare foods, bedding, etc., and, whilst Scale A is an improvement on the previous method of assessment, I feel it is unfortunate that no provision is made for taking into account the patient's expenditure on rent. In cases where this may be high, the National Assistance Board allowance carries the patient above Scale A but does not improve his net spending power.

### General Sickness.

In order to implement the plans for the general sick, it was necessary for the Almoner to be provided with a central office affording easy access to the general public and the body of health workers, and, as I have mentioned previously, this was brought about by the move to the Central Department. Close co-operation was established with hospitals within the area, and it is significant that those hospitals with social service departments have been foremost in using the Authority's service. The system adopted was for the Hospital Almoners to contact the Authority regarding patients requiring Care and After-care, and for the Authority's worker to report back his findings and the action taken or recommended. Inevitably, there was some initial confusion regarding interpretation of responsibility, but by the end of the year the service was settling down, and after a slow start the number of patients referred was increasing rapidly towards the end of December.

Contact with the doctor in general practice was also established, and, though the number of patients referred was small and mainly confined to the provision of convalescence, there is little doubt that the Authority's co-operation will be sought increasingly, and the establishment of the Health Centres is looked forward to as a means of providing personal contact between the doctor, his patient and the medico-social worker.

The period between July and December was essentially one of transition and, whilst it is possible to envisage future developments, it is too brief a period on which to base constructive criticism.

I have pleasure in reporting that, apart from the work directly concerned with the patient, it has been possible to accept students studying for social degrees, from Nottingham University, and I am assured that the experience gained during their stay is greatly appreciated by the University.

In concluding these remarks, may I acknowledge the valuable assistance given by the Ministry of Labour, on whose Disablement Committee I have the privilege to serve, the National Assistance Board, and the Voluntary Agencies within the area.

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During the period 5th July to 31st December, 1948, 666 interviews were made and 132 patients were referred to the Almoner from the following sources :—

Chest Clinic	...	...	...	...	...	...	85
Hospitals	...	...	...	...	...	...	31
General Practitioners	...	...	...	...	...	...	8
Health Visitors, etc.	...	...	...	...	...	...	5
Voluntary Agencies	...	...	...	...	...	...	3



These patients were classified as suffering from :—

Tuberculosis...	...	...	...	...	...	...	86
Bronchitis	...	...	...	...	...	...	4
Gastric Disorders	...	...	...	...	...	...	7
Diabetes	...	...	...	...	...	...	4
Cancer	...	...	...	...	...	...	9
Nervous Disorders	...	...	...	...	...	...	5
Venereal Diseases	...	...	...	...	...	...	5
Rhenmatism	...	...	...	...	...	...	2
Maternity Cases	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	6

### **Provision of Free Milk, Clothing, etc.**

82 patients were provided with free or cheap milk at a cost of £297 10s. 0d.

11 patients were provided with clothing at a cost of £19 2s. 9d.

Four patients were provided with bedding, etc., at a cost of £4 1s. 0d.

Five tuberculous patients were loaned beds.

### **Convalescence.**

Nine patients were sent for convalescence at a total cost of £12 13s. 4d.

### **Assistance through Statutory and Voluntary Agencies.**

23 patients were assisted financially by the National Assistance Board, this number being in addition to the 132 tuberculous patients transferred to the Board on July 5th.

19 patients were helped in various ways by the kind co-operation of Voluntary Agencies within the area.

### **Occupational Therapy.**

18 patients suffering from tuberculosis were granted licences by the Board of Trade in order to purchase leather for making handbags, etc., and in many of these cases Voluntary Agencies made initial financial grants. In one case a sewing machine was obtained.

**Rehabilitation.**

17 patients previously suffering from tuberculosis, one paraplegic, and one gastric ulcer patient, returned to full-time employment.

15 tuberculous patients were registered under the Disabled Persons Act, 1944.

**Housing.**

Social reports on the need for re-housing 10 patients were made to the Medical Officer of Health during the period 5th July to 31st December, 1948.

---

The Welfare Officers carried out a number of duties as follows :—

Six cases were recommended for the services of a Home Help and four for the services of a District Nurse ; and assisted the Mental Welfare Officer with the removal of a mental defective case.

Visits to homes were made to ascertain suitability for institutional care for 117 Chronic Sick cases and 15 Expectant Mothers, the latter duty only commencing in December, 1948.

Visits to factories and shops with regard to handicapped persons were made. In this connection, one female who had never worked previously was trained for four months and is now employed by a hosiery firm. She has a machine at home and is self-supporting.

## IX.—MISCELLANEOUS

**Home Nursing.**

During the period 1st January to 4th July, 1948, cases were attended as follows :—

No. on Register at 1st January, 1948	...	...	194
New Cases—Medical	...	...	255
Surgical	...	...	55
Total No. of Visits	...	...	7,880

On the 5th July this service was brought under the control of the Medical Officer of Health as an agency by the Derby and District Nursing Association. During the period 5th July to 31st December, 1948, cases were attended as under :—

No. on Register at 5th July	...	...	...	130
New Cases	...	...	525	
—Medical	...	405	made up as follows :—	
(a) Seizure	...	...	...	38
(b) Senility	...	...	...	78
(c) Carcinoma	...	...	...	14
(d) Pneumonia	...	...	...	7
(e) Threatened Miscarriage	...	...	...	6
(f) Last Offices	...	...	...	3
(Nursing care not having been given prior to death)				
(g) Discharging Eyes	...	...	...	10
(h) Tuberculosis	...	...	...	4
(i) Various Medical	...	...	...	245
—Surgical	...	117	made up as follows :—	
(a) Breast Abscess after 14th day	...	...	...	2
(b) Carcinoma	...	...	...	20
(c) Various Surgical	...	...	...	95
—Midwifery	...	3	(all pyrexia).	
Total No. of Visits (after 5th July)	...	...	...	15,982

During the period under review a quantity of home nursing equipment was obtained. This is kept at the Central Office and is issued on loan at the request of nurses, doctors or relatives, no charge being made provided the equipment is returned intact.

Application from elderly people for nurses to attend to give them a weekly bath (bed or otherwise) is on the increase, and, whilst one realises that this service should be available for them, it is felt that, should the demand continue to increase appreciably, it would be necessary to ask for an increase in the Nursing Staff, or for a Bath Attendant, as it is not essential that the person giving this care should have nursing certificates.

The demand for the Nursing Service appears to be on the increase.



### Home and Domestic Helps.

It will be seen from the information given that rather more use was made of this service than during 1947.

During the year 170 applications were received, compared with 129 in 1947. Details as follows :—

#### HOME HELPS (Maternity).

114 Applications Received.  
3 Paid Full Fee.  
75 Paid Reduced Fee.  
1 No Charge Made.

35 Applications Withdrawn  
(32 of which were assessed at reduced fee and three at full fee).

#### DOMESTIC HELPS (Illness).

56 Applications Received.  
2 Paid Full Fee.  
50 Paid Reduced Fee.  
1 No Charge Made.

3 Applications Withdrawn  
(All assessed at reduced fee).

The scale of charges for Domestic and Home Helps already in operation was continued in the scheme operated under Section 29 of the National Health Service Act, 1946. A larger proportion of families receive a reduction in fee than in 1938, the last complete year before the war, though a larger number pay some part of the cost, as will be seen from the comparative table below, bearing in mind the fact that the present scale is, if anything, a little more generous.

	<i>Applications Received.</i>	<i>Applications Withdrawn.</i>	<i>Full Fee Charged.</i>	<i>Reduced Fee Charged.</i>	<i>No Charge Made.</i>
1938 ...	92	14	21	43	14
1948 ...	170	38	5	125	2

The charges for Domestic Help are made according to Ministry of Health Circular 110/46, but for Home Helps the charges are slightly higher, though a reduction is made in cases of illness of more than three weeks' duration.

The scheme, which was commenced in September, 1946, whereby the aged and infirm receive domestic assistance was continued. Home Helps making a total of 1,620 visits of approximately three hours weekly to 83 cases.

The Supervisor made a total of 736 visits to homes in order to assess the requirements of households in need of domestic assistance and investigate the sufficiency of assistance given.

### Blind Welfare.

Number of Blind Persons on Register at end of year 211  
Number of children of school age included in above... 3  
Number of Visits by Visitors and Teachers ... 780

The Local Authority employs two Blind Visitors and Teachers, both holding the qualifications of the Association of Colleges for Teachers of the Blind.

In addition to visiting the homes and giving guidance, arrangements are made for the provision, licensing and maintenance of wireless sets, provision of free dog licences and bus passes, and Home Helps, bedding and clothing where necessary.

On two afternoons per week the Social Centre is open for the playing of games or teaching of handicrafts, and in addition concerts and domino tournaments are arranged with other clubs. During the period from June to September weekly rambles into the country are organised, along with motor coach outings at intervals through the summer. A Christmas Party was also held.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing and Moon reading, sea-grass seating, rush seating, cane seating, rug making, hand knitting and plastic work, etc.

Eye Clinics are held once monthly at the Derbyshire Royal Infirmary, and Aural Clinics arranged according to necessity. Since the 5th July, 1948, 25 Government Hearing Aids have been distributed to the deaf-blind, and the maintenance of these is now undertaken, but apart from repairs a supply of batteries are kept in stock for distribution as required.

In addition to the items mentioned above, there are many other problems arising out of Blind Welfare work not ordinarily included in the general scheme, such as visits to the dentist, doctor or specialist, a journey to help in the selection of a present, holiday accommodation to fix up, and, perhaps our biggest problem, the smoothing over of family disputes. Why so many of our blind people always upset the household we never know!

#### **Section 47, National Assistance Act, 1948.**

11 cases were dealt with which came under the provisions of the above Act.

Five of these cases were dealt with voluntarily, all being admitted to Manor Hospital, three as chronic sick and two as Part III cases.

One patient was admitted to Manor Hospital under Section 20, Lunacy Act, 1890, owing to being evicted before other action could be taken, and was subsequently admitted to the Mental Hospital as a temporary patient.

Five other cases were satisfactorily concluded.

#### **Ambulance Service.**

With the coming into operation of the National Health Service Act, 1946, on the 5th July, little change was made in the ambulance arrangements within the Borough, as a Central Ambulance Service was already organised.

This service provides ambulances, or cars if desirable and suitable, for all purposes—accident, maternity and illness, both physical and mental—day and night, calls being made to a Central Depot. No voluntary ambulance services operate within the Borough, other than works ambulances.

An arrangement exists for the transport of cases resident within a reasonable distance of the Borough, financial settlement being made with the County Authority on a mileage basis.

The Central Ambulance Service has been delegated by the Health Committee to the Transport, etc., Committee for day to day management, the Transport Manager being the Transport (Ambulance) Manager controlling the service with an Ambulance Supervisor, 23 Driver-Attendants and a Clerk-Telephonist to staff the service at present.

Details of the service provided during the period 5th July to 31st December are shown below :—

	AMBULANCES.	CARS.
Number of Vehicles at 31st December ... ..	9	4
Total number of Calls ... ..	7,359	4,980
Number of Patients Carried ... ..	7,346	4,764
Number of Accident and other Emergency Calls included in Total above ... ..	374	—
Total Mileage ... ..	44,786	38,517



## **X—SANITARY CIRCUMSTANCES OF THE AREA**

*TO THE MEDICAL OFFICER OF HEALTH  
FOR THE COUNTY BOROUGH OF DERBY.*

Again it gives me great pleasure in submitting my Annual Report for 1948.

In reviewing the work done during the past year, I am satisfied that a great burden has been borne by a totally inadequate number of staff, and I am most pleased to say that this has only been possible by the department working as a happy team, forgetting the great difficulties and unpleasant work in hand; and, last but not least, the inadequate salaries paid for this highly responsible, technical and often objectionable work.

I look forward to the day when the Sanitary Section of the Health Department will be looked upon by all as the Department which has, and is, maintaining a high standard in all the duties it is called upon to perform, and therefore rendering a great service to the town.

Many times in the past it has been said that the Department is understaffed. This was never more true than it is now, and I would mention some of our duties that are left with a most spasmodic and insufficient attention:—

### **Inspection of Food Premises.**

Making-up premises, where such a large amount of food is prepared in these post-war days.

Cafes and restaurants, which are now used to such an extent as never before.

Sale and manufacture of ice-cream; present-day sales of this much sought after food are greater than ever.

### **Housing.**

Overcrowding survey.

General survey of houses unfit for human habitation.

Inspection of factories, both with and without power.

Inspection of shops and offices.

It is hoped that the Department will be allowed, by the appointment of trained Inspectors, to efficiently carry out the whole of its duties in an efficient manner.

### **WATER SUPPLY.**

Mr. L. G. EDWARDS, Water Engineer, reports as follows:—

The water supplied to the area has been satisfactory in quality, but, owing to the inadequate capacity of certain trunk mains, pressures have been poor in various high points in the area of supply.

Regular examination is made of the raw water and of the water going into supply. As all water is treated, the majority of samples are taken after treatment. A total of 431 Bacteriological, 17 Chemical, and 159 pH and Hardness samples were taken, both at the Works and from various points in the area of supply. The results of a chemical analysis are appended.

Only that proportion of supply obtained from the Derwent Valley Water Board is liable to plumbo-solvent action. Under the Derwent Valley Water Act of 1899, water supplied by the Board is required to be treated by them for the prevention of such action before the water is delivered to any of the constituent undertakings.

All water is chlorinated before being passed into supply.

### Example of recent chemical analysis of water supplied to the area.

							Parts per 100,000*
Total Solid Matter (dried at 180° C.)...	...	...	...	...	...	...	14.8
Free and Saline Ammonia	...	...	...	...	...	...	0.0072
Albuminoid Ammonia	...	...	...	...	...	...	0.0024
Nitrogen as Nitrites	...	...	...	...	...	...	0.0000
Nitrogen as Nitrates	...	...	...	...	...	...	0.055
Chlorine (present as Chloride)	...	...	...	...	...	...	1.35
Oxygen absorbed in four hours at 80° F.	...	...	...	...	...	...	0.057
Hardness	Temporary	...	...	...	...	...	4.2
	Permanent	...	...	...	...	...	5.1
	Total	...	...	...	...	...	9.3
Oxygen in Solution	...	...	...	...	...	...	—
Oxygen absorbed in five days	...	...	...	...	...	...	—
Dissolved Carbon Dioxide	...	...	...	...	...	...	—
Metals	...	...	...	...	...	...	Iron less than 0.011
Free Chlorine	...	...	...	...	...	...	0.011

(Signed) R. W. SUTTON,  
Borough Analyst.

\*—To convert parts per 100,000 to grains per gallon, multiply by 0.7.

### Supply.

Number of gallons of water supplied to Derby from Public Supply (Derby Water Area, which includes Borough and various Parishes outside)	...	...	...	...	...	3,030,334,000
Gallons per day per head of population	...	...	...	...	...	39.94
Percentage of total quantity from the Derwent Valley Supply	...	...	...	...	...	74%

### Used during the year.

							Gallons.
Sewer Flushing	...	...	...	...	...	...	495,505
Street Watering	...	...	...	...	...	...	499,695
Steam Rolling	...	...	...	...	...	...	38,496

### SEWERAGE.

The following information is supplied by Mr. M. L. FRANCIS, Borough Engineer and Surveyor :—

On the sufficiency of drainage, new local pumping stations have been erected and put into operation in connection with the converted Osmaston Camp site and the new Queensway School.

No constructional progress has been made in connection with anti-flooding works under the Drainage Scheme mentioned in my report of last year.

### Sewers cleaned out during the year.

The total length of sewers cleaned out represents 110 yards.

Sewage Disposal Works.—24 inch pipe.

Cowsley Ejector.—Four times.

Sinfin Ejector.—Three times.

Number of Loads.—25.

<b>Manholes cleaned out during the year</b>	...	...	...	74
---	-----	-----	-----	----

### New Sewers laid during the year.

Stores Road (Surface Sewer)	...	...	...	...	31 yards.
Osmaston Park Camp (Foul Sewer)	...	...	...	...	300 „
Queensway School Site (Foul Sewer)	...	...	...	...	110 „
Wood Lane Housing Site—					
Section 3 (Foul Sewer)	...	...	...	...	2,075 „
Section 3 (Surface Water Sewer)	...	...	...	...	2,284 „
Kingsway Housing Site—					
(Foul Sewer)	...	...	...	...	312 „
(Surface Water Sewer)	...	...	...	...	662 „
Trowels Lane (Artisans' Cottages)—(Soil Sewer)	...	...	...	...	33 „
Hall Farm Housing Site (Foul Sewer)	...	...	...	...	516½ „

### Manholes Constructed during the year.

Osmaston Park Camp	...	...	...	...	4
And 1 Ejector Chamber.					
Queensway School Site	...	...	...	...	3
And 1 Ejector Chamber.					
Wood Lane, Section 3 (Soil Sewer)	...	...	...	...	33
" " " 3 (Surface Water Sewer)	...	...	...	...	33
Kingsway Housing Site (Soil Sewer)	...	...	...	...	3
" " " (Surface Water Sewer)	...	...	...	...	6
Trowels Lane	...	...	...	...	1
Hall Farm Housing Site (Soil Sewer)	...	...	...	...	9

## REFUSE COLLECTION AND DISPOSAL.

MR. A. CONNOR, Director of Public Cleansing, reports as follows :—

### Refuse Collection.

House and Trade refuse collected	...	...	...	...	37,337 tons.
Nightsoil	...	...	...	...	52 „
Trade refuse delivered direct by tradesmen	...	...	...	...	4,274 „
					<hr/> 41,663 „ <hr/>



**Refuse Disposal.**

Controlled Tipping—Alvaston Tip	...	...	...	...	21,053 tons.
—Other Tips	...	...	...	...	Nil.
Burned in the Destructors	...	...	...	...	20,610 „
					<hr/> 41,663 „

**Extracted from Refuse and Sold.**

Tins	...	...	476 tons.	Bones	...	...	5 tons.
Iron	...	...	22 „	Glass	...	...	59 „
Waste Paper	...	...	776 „	Cinders	...	...	142 „
Textiles	...	...	79 „	Milk Bottles	...	...	1 „
Food Waste	...	...	1,631 „				
(concentrated)							

**Moveable Ashbins Provided.**

Housing Committee	...	...	...	...	...	...	750
Private Owners	...	...	...	...	...	...	1,546
							<hr/> 2,296
							<hr/>
Number of Cats, Dogs, etc., disposed of	...	...	...	...	...	...	3,804

**Power Vehicles utilised for Cleansing Purposes.**

1. Collection of Refuse and Salvage :—							
Petrol Motor	...	...	...	...	...	...	17
Horse Drawn	...	...	...	...	...	...	—
2. Street Cleansing and Watering :—							
Petrol Motor	...	...	...	...	...	...	2
Mechanical Gully Emptiers	...	...	...	...	...	...	2
„ Sweepers (Lacre)	...	...	...	...	...	...	2
Street Washing Machine	...	...	...	...	...	...	1

**RIVERS POLLUTION.**

A regular inspection has been made of all the brooks within the Borough, and again I can say that no serious pollution has been found.

The Borough Surveyor reports that a very old connection from the Brighton Road sewer to a watercourse at Alvaston Recreation Ground has been located and cut off, and a continuous watch is kept for any pollution by trade effluents.

**ATMOSPHERIC POLLUTION.**

Number of observations	...	...	103
Number of inspections and visits	...	...	544

Good progress has been made during the year in freeing the town from grit arising from the use of pulverised coal, but there is much yet to be done.

A start has been made by one firm, which is at present causing a serious smoke nuisance, in constructing a complete new boiler plant with all the necessary accessories for the prevention of smoke. This, I hope, will be completed during the coming year.

## CLOSET ACCOMMODATION.

Some progress has been made during the year in the abolishing of both trough and pail closets, and orders have been given for four pail and six trough closets to be abolished.

## INSPECTIONS AND NOTICES.

### Informal Action.

During the year, 2,462 Preliminary Notices were served to abate nuisances under the Public Health Act and under Section 9 of the Housing Act, 1936.

### Legal Action.

During the year, 1,324 Statutory Notices were served to abate nuisances under the Public Health Act or Local Acts, and 39 under Section 9 of the Housing Act, 1936.

### Visits and Remedies.

During the year, 15,673 visits under the Public Health Act or Local Acts, and 87 under the Housing Acts, were made.

Nuisances abated under the Public Health Act or Local Acts—4,841.

## WORK DONE UNDER PUBLIC HEALTH AND ALLIED ACTS, OTHER THAN HOUSING ACTS.

### Defects Remedied.

Accumulations	....	(Offensive) removed	....	....	....	9
Dustbins	....	Provided	....	....	....	1,198
Drains	....	Cleansed	....	....	....	634
		Reconstructed	....	....	....	112
		Provided	....	....	....	33
		Ventilation shafts fixed	....	....	....	11
		Manholes provided	....	....	....	6
Water Closets	....	Additional provided	....	....	....	45
		Fittings repaired	....	....	....	348
		Rebuilt	....	....	....	24
		Cleansed	....	....	....	2
		Renewed	....	....	....	46
Soil-pipes	....	Repaired	....	....	....	4
Sinks	....	Provided	....	....	....	29
		Renewed	....	....	....	15
Waste-pipes	....	Repaired	....	....	....	36
		Cleansed	....	....	....	1
Spoutings	....	Cleansed	....	....	....	7
		Repaired	....	....	....	245
		Renewed	....	....	....	159
		Disconnected from drain	....	....	....	1

*Defects Remedied—Contd.*

Houses	....	....	Cellars cleansed....	....	....	5
			Damp-coursed and made dry	....	....	3
			Paving repaired	....	....	28
			Roofs repaired	....	....	484
			Floors repaired	....	....	90
			Walls repaired	....	....	81
			Stairs repaired	....	....	3
			Windows repaired	....	....	363
			Firegrates repaired	....	....	81
			Plaster repaired	....	....	488
Water	....	....	Pipes, etc., repaired	....	....	10
			Town water taken into house	....	....	34
Other nuisances or defects remedied....	....	....	....	....	....	206

Inspectors' visits—15,673.

Notices served—2,462.

**MILK.**

The past year, from a health point of view, has been most satisfactory so far as the milk industry is concerned. The high standard of previous years has been maintained, there having been but few complaints—and these were cases where milk has gone sour—but on investigation the dairyman was never found to be at fault. To everyone I say, take more care how you store your milk until used.

About 95% of the milk now sold in the Borough is milk coming within the Special Designations Regulations. In the near future the Government is to operate the new Milk and Dairies Order; this will take from Local Authorities much of the control they now have. This I consider to be a most retrograde step.

Dairymen and Purveyors resident inside the Borough	...	32
Cowkeepers resident inside the Borough	... ..	6
Cowkeepers supplying Accredited Milk	... ..	3
Retail Purveyors resident outside the Borough	... ..	33

Dairymen and Purveyors registered for the sale of designated milk :—

Tuberculin Tested Certified	... ..	7
Pasteurised	... ..	7
Accredited	... ..	1

**PASTEURISED MILK.**

	<i>Samples taken.</i>	<i>Passed.</i>	<i>Failed.</i>	<i>Passed both.</i>	<i>Failed both.</i>
Phosphatase Test	... .. 60	59	1	55	1
Methylene Blue Test	... .. 60	55	4		

In 1 case Methylene Blue Test could not be carried out owing to temperature exceeding 65° F.



**ACCREDITED MILK.**

Methylene Blue Test	...	...	16	8	8
Coliform Test	...	...	16	11	5

**OTHER MILK.**

Coliform Test	...	...	4	3	1
Methylene Blue Test	...	...	4	3	1

**EXAMINATION OF MILK FOR TUBERCULOSIS.**

Number of samples taken	...	...	...	30
„ „ samples containing T.B.	...	...	...	3
„ „ infected animals	...	...	...	3

124 samples were taken for adulteration, and the average composition was found to be :—

Non-fatty solids	...	...	...	8.73 per cent.
Fat	...	...	...	3.49 „ „

11 samples were classed as adulterated ; this, I think, shows that a very satisfactory standard of milk is being supplied in the Borough.

**HOUSING ACT, 1936.**

During the year some work has been done in demolishing individually unfit houses, this being made possible by the allocation of houses by the Housing Committee, and we were therefore able to re-house 33 families and demolish 13 houses. After the tenants had been removed and the furniture disinfested, the houses were, except for one demolished by the Corporation, demolished by the owners.

I look forward to the day when more houses can be allocated for this work, when we will be able to proceed at a much greater pace.

Number of houses inspected ... .. 87

Number of houses made fit after formal notices :—

(1) By owners	...	...	...	...	19
(2) By Local Authority in default of owners	...	...	...	...	12

The report as contributed by the Estates and Building Director on Houses erected during the year 1948, January—December, is as follows :—

**Number of New Houses erected during the Year 1948.**

(a) Total including numbers given separately (b) :—

1. By the Local Authority	...	...	...	373
2. By other Local Authorities	...	...	...	—
3. By other bodies and persons	...	...	...	34

(b) With State Assistance under the Housing Acts :—

1. By the Local Authority	...	...	...	373
(a) For the purpose of Part II of the Act of 1925...	—			
(b) For the purpose of Part III of the Act of 1925...	373			
(c) For other purposes	...	...	...	—
2. By other bodies or persons	...	...	...	—

### Houses Allocated during the Year for the following purposes.

Slum Clearance	...	...	...	...	...	...	31
Overcrowding	...	...	...	...	...	...	—
Tuberculosis	...	...	...	...	...	...	6
Town Improvements	...	...	...	...	...	...	—

### ERADICATION OF VERMIN (BED BUGS, BEETLES, FLEAS, ANTS, SILVER-FISH, ETC.).

Good work has been done in this section of our work and much help has been given by the tenants of the houses, who have now learned to appreciate the good service which is given free of cost and without a great disturbance as in the past, when the results were never satisfactory.

With our present system of the use of D.D.T. solution and powder, we still continue to get 100% results.

Apart from the disinfection of private houses, much work has been done in factories, canteens and hospitals. This work is confined to the destruction of ants, beetles, silver-fish, etc., and in every case the occupiers have been most satisfied.

Number of houses disinfested	...	...	...	...	100
Number of complaints received and dealt with	...	...	...	...	91

In addition to the above, six Council Houses were found infested and were cleansed by the Local Authority.

### MEAT INSPECTIONS.

Much important work has been carried out during the past year under difficult conditions, as the following figures will show, as we are still without a modern abattoir. I understand, however, that some steps have been taken in this direction, and I hope that the provision of a modern abattoir will be hastened along.

Number of animals slaughtered :—Cattle 13,508, sheep 35,363, pigs 3,570, calves 13,064.

These figures include casualties, 539.

	<i>Cattle.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number killed ... ..	13,508	13,064	35,363	3,570
Number inspected ... ..	13,508	13,064	35,363	3,570
<i>All diseases except Tuberculosis :—</i>				
Whole carcasses condemned ... ..	141	935	56	20
Carcasses of which some part or organ was condemned ... ..	4,187	7	1,521	51
Percentage of the number inspected affected with disease other than tuberculosis ... ..	32.04	6.9	4.4	1.9
<i>Tuberculosis only :—</i>				
Whole carcasses condemned ... ..	183	4	—	12
Carcasses of which some part or organ was condemned ... ..	3,315	1	—	228
Percentage of the number inspected affected with tuberculosis... ..	25.9	0.038	—	6.7

### Weights of Unsound Food Condemed.

	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>		<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Meat (inc. Offal) ...	206	16	2	21	Fish ...	3	8	1	23
Imported Meat (inc. Offal) ... ..	—	1	1	24	Dried Fruit ...	—	13	—	21
Sausages ... ..	—	—	1	—	Cooking Fat ...	—	—	1	6
Shellfish ... ..	—	7	—	25	Cheese ... ..	—	—	1	6
Fruit ... ..	2	14	—	—	Macaroni ...	—	4	3	20
Soya Flour... ..	—	6	—	—	Dried Eggs ...	—	—	3	21
Meat Products ...	—	—	3	2	Bread ... ..	6	11	1	—
Sugar ... ..	—	—	3	3	Flour ... ..	—	5	1	27
Rice ... ..	—	—	1	12	Tea ... ..	—	—	3	7
Biscuits ... ..	—	—	3	10	Barley Flakes ...	2	2	1	22
Yeast ... ..	—	2	2	21	Barley Kernels ...	—	5	3	—
Rolled Oats ...	1	15	1	16	Pearl Barley ...	—	6	1	—
Pudding Mixture ...	—	11	1	19	Miscellaneous Items	—	2	1	2
Vanilla Powder ...	—	—	3	0	Canned Food ...	...	11,883	cans.	
Dried Peas ... ..	—	4	2	12	Lettuce ... ..	...	292	dozen.	
Bacon ... ..	—	—	1	—	Fish Cakes ...	...	23	„	
Pickles ... ..	...	145	gallons.		Crumpets ... ..	...	248	„	
Synthetic Cream ...	...	10	„		Emergency Ration Packs	...	52,785	packs.	

### TUBERCULOSIS ORDER, 1938.

The above Order necessitates the Local Authority carrying out the following duties :—Reporting to the Chief Divisional Inspector of the Ministry of Agriculture any suspected animals, precautions respecting milk, and the enforcement of the notices requiring cleansing and disinfecting of premises on which there has been an infected animal. The arrangement for the slaughter of diseased animals and the payment of compensation are the concern of the Ministry.



Attached is a summary supplied by the Chief Divisional Inspector of the Ministry as to animals dealt with.

Total number of animals taken from premises within the Borough—2.

### **Tubercular Cattle in Market.**

Total number of animals suspected in the Market	....	....	25
Summary :—			
Number in Milk	....	....	2
Number with Tuberculous emaciation	....	....	—
„ with Tuberculosis of the udder	....	....	—
„ with chronic cough, etc.	....	....	2
„ giving Tuberculous milk	....	....	—
„ sent back to farm	....	....	—
„ sent to knacker's yard	....	....	2
„ sent for slaughter	....	....	—
Number Not in Milk	....	....	23
Number with Tuberculous emaciation	....	....	5
„ Tuberculosis of the udder	....	....	0
„ with chronic cough, etc.	....	....	18
„ sent back to farm	....	....	—
„ sent to knacker's yard	....	....	23
„ sent for slaughter	....	....	—

### **FOOD PREPARING PREMISES.**

During the year these premises have been inspected and the standard of cleanliness has been good. I think there is a real desire by the occupiers of these highly important premises to provide the public with clean and wholesome food.

Food preparing places on register at end of year	... ..	277
Defects found and remedied	... ..	193

### **Section 17, Food and Drugs Act, 1938.**

Only one case (see under Notifiable Diseases) was notified under this Section during the year, but, as it was not notified until after the causal organism—*Salmonella Thompson*—had been isolated and until a number of weeks had elapsed after the onset, it was not possible to carry out a thorough investigation. No other cases were submitted for investigation.

### **ICE CREAM.**

On looking back over the past year, there is definite evidence that the work of the inspectors is having its due reward, as there is a higher standard of cleanliness being attained by the manufacturers and retailers, but there is still much to do on the lines suggested in my 1947 report, and I hope that this will be attained in the near future.

Number of premises registered for manufacture and sale of Ice Cream	... ..	31
Number of premises registered for sale only	... ..	163
Number of inspections and visits	... ..	847
Number of defects found and remedied	... ..	67

**BAKEHOUSES.**

A general improvement in the structural standard of bakehouses has taken place, and where new premises have been built all modern ideas with regard to building and machinery have been installed.

Number of Bakehouses in occupation at end of year	...	42
Defects found and remedied during year	... ..	325
Visits paid	... ..	306

**REPORT OF BOROUGH ANALYST.**

The following is a summary of the Report of the Borough Analyst (Mr. R. W. SUTTON, B.Sc., F.I.C.) for the year 1948.

**Food and Drugs Act, 1938.**

1.—During the year 1948, 378 samples were submitted under the above Act, consisting of 255 Formal Samples and 123 Informal Samples. This represents sampling at the rate of about 2.7 per 1,000 population.

2.—Of the samples submitted, 53 were classed as adulterated or below standard.

3.—The various articles are listed in Table 1, and details are given of the number of samples found to be adulterated.

TABLE 1.

<i>Article.</i>	<i>Formal.</i>	<i>Informal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>Per cent. Adulterated.</i>
Arrowroot ... ..	1		1		
Apple Juice ... ..	1		1		
Almonds, Ground ... ..	1		1		
Aspirin Tablets ... ..	4		4		
Baking Powder ... ..	5		5		
Barley, Pearl ... ..	4		4		
Bicarbonate of Soda ... ..	3		3		
Borax ... ..	3		3		
Cakes and Confectionery ... ..	6		6	1	16.7
Camphorated Oil ... ..	2		2		
Castor Oil ... ..	3		3		
Coffee ... ..	2		2		
Coffee and Chicory Extract ... ..	1	1	2		
Cordials: Black Currant ... ..	2		2		
Ginger ... ..	1		1		
Peppermint ... ..	1		1		
Cupkaff ... ..	1		1		
Curry Powder ... ..	3		3	1	33.3
Custard Powder ... ..	4		4		
Custard Substitute ... ..	1		1		
Cooking Oils ... ..		4	4	1	25.0
Dessicated Soups ... ..	2		2		
Epsom Salts ... ..	1		1		
Fish Paste ... ..	5		5		

<i>Article.</i>	<i>Formal.</i>	<i>Informal.</i>	<i>Total.</i>	<i>Adult'd or not up to standard.</i>	<i>Per cent. Adultera- ted.</i>
Flour, Self Raising ... ..	5		5		
Fruit Drinks: Wonder Orange...	1		1		
Lemon Barley ... ..	1		1		
Lemon Squash ... ..	1		1		
Orange Squash ... ..	2		2		
Farinoca ... ..	1		1		
Gelatine ... ..	5		5		
Golden Raising Powder ... ..	5		5		
Honey ... ..	1		1		
Horseradish Sauce ... ..	1		1		
Ice Cream ... ..		30	30	26	86.7
Infant Foods ... ..		3	3		
Jam ... ..	4		4		
Jelly ... ..	3		3	1	33.3
Ka-Fat ... ..	1		1		
Liquorice Powder Compound ...	3		3		
Lard Compound ... ..	2		2		
Lemonade Crystals ... ..	2		2		
Macaroni ... ..	1		1		
Mashed Potato Powder ... ..	1		1		
Meat Paste ... ..	2		2		
Milks ... ..	43	81	124	11	8.7
Mineral Waters: Hop Bitters ...	1		1		
Mustard ... ..	3		3		
Mustard, Prepared ... ..	3		3		
Olive Oil ... ..	4		4		
Paraffin, Medicinal ... ..	2		2		
Pepper ... ..	4		4		
Polony ... ..	3		3		
Potted Meat ... ..	1		1	1	100.0
Rice Substitute ... ..	1		1		
Saccharin Tablets ... ..	11		11		
Soya Flour... ..	2		2		
Salad Cream ... ..	3		3	1	33.3
Salad Oil ... ..	2		2		
Sauce ... ..	4		4		
Sausages: Beef ... ..	19		19	2	10.5
Pork ... ..	3		3	1	33.3
Kipper ... ..	1		1		
Whale Meat ... ..		1	1		
Sausage Meat: Beef ... ..	11	1	12	3	25.0
Pork ... ..	2		2	1	50.0
Sausage Rusk ... ..	16	1	17		
Sweets ... ..	3		3		
Table Creams ... ..	5		5	1	20.0
Tea ... ..	2		2		
Tomato Cubes ... ..	1		1		
Vinegar, Malt ... ..	1		1		
Vinegar, Artificial... ..	2		2		
Vironita ... ..	1		1		
Vitamin Concentrates ... ..	2	1	3	2	66.7
TOTALS ... ..	255	123	378	53	14.0



#### 4.—Milk Samples.

Of the 124 samples of milk examined, 11 (8.7 per cent.) are classed as adulterated or below standard. Three (2.4 per cent.) contained added water and the remaining eight were deficient in fat. Details of the unsatisfactory samples are contained in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
249	Informal ...	About 2 per cent. added Water...	Further samples were genuine
419	Formal ...	24 per cent. Fat deficient ...	Fine £20, together with Cost £14 3s. 6d.
467	Informal ...	4 per cent. Fat deficient.	
469	Informal ...	7 per cent. Fat deficient.	
479	Informal ...	5 per cent. Fat deficient.	
486	Informal ...	5 per cent. Fat deficient.	
500	Informal ...	3 per cent. Fat deficient.	
643	Informal ...	5 per cent. Fat deficient ...	Further samples to be taken.
648	Informal ...	About 4 per cent. added Water...	Formal sample taken No. 657
655	Informal ...	8 per cent. Fat deficient ...	Further sample to be taken.
657	Formal ...	About 5 per cent. added Water...	Follows No. 648.

The average composition of all milks (including "appeal-to-cow" samples) examined during the year was as follows :—

Fat ... ..	3.49 per cent.
Non-fatty-solids ... ..	8.73 „ „
Total solids ... ..	12.22 „ „

#### 5.—Samples Other than Milk.

(a) Table 3 lists 42 samples other than milk which were classed as adulterated.

TABLE 3.

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Article.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
235	Formal ...	Fruity Malt Loaf...	Adulterated with Mineral Oil.	Further samples of oil taken at the Bakery.
240	Formal ...	Beef Sausage Meat	Preservatives declared but none present.	
278	Informal	White Oil ...	Consisted of Light Liquid Paraffin.	Sample taken following investigation of No. 235.
296	Formal ...	"Vecon" ...	Deficient in Vitamin C...	Representations to manufacturers.
299	Formal ...	Pork Sausage Meat	Preservatives declared but none present.	
300	Formal ...	Potted Meat ...	Contained Starchy Filler.	Enquiry to manufacturers.
308	Formal ...	Jelly Dessert ...	Contained excess Zinc ...	
402	Informal	"Vecon" ...	Deficient in Vitamin C.	
453	Informal	Ice Cream ...	5% Fat deficient.	
454	Informal	Ice Cream ...	73% Fat deficient.	
455	Informal	Ice Cream ...	48% Fat deficient.	
456	Informal	Ice Cream ...	81% Fat deficient.	
457	Informal	Ice Cream ...	41% Fat deficient.	
458	Informal	Ice Cream ...	94% Fat deficient.	
459	Informal	Ice Cream ...	58% Fat deficient.	
460	Informal	Ice Cream ...	90% Fat deficient.	
461	Informal	Ice Cream ...	6% Fat deficient.	
462	Informal	Ice Cream ...	56% Fat deficient.	
463	Informal	Ice Cream ...	33% Fat deficient.	
464	Informal	Ice Cream ...	24% Fat deficient.	
465	Informal	Ice Cream ...	47% Fat deficient.	
494	Formal ...	Salad Dressing ...	86% deficient in Oil.	
506	Informal	Ice Cream ...	46% Fat deficient.	
517	Formal ...	Beef Sausage Meat	12% deficient in Meat.	
524	Formal ...	Pork Sausage ...	Preservatives declared but none present.	

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Article.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
538	Informal	Ice Cream	... 61% Fat deficient.	
539	Informal	Ice Cream	... 52% Fat deficient.	
543	Informal	Ice Cream	... 59% Fat deficient.	
544	Informal	Ice Cream	... 90% Fat deficient.	
546	Informal	Ice Cream	... 76% Fat deficient.	
547	Informal	Ice Cream	... 25% Fat deficient.	
548	Informal	Ice Cream	... 78% Fat deficient.	
549	Informal	Ice Cream	... 88% Fat deficient.	
550	Informal	Ice Cream	... 52% Fat deficient.	
551	Informal	Ice Cream	... 57% Fat deficient.	
559	Formal ...	Beef Sausage Meat	12% deficient in Meat.	
562	Formal ...	Table Jelly	... Contained excess Zinc ...	Repeat sample satisfactory.
564	Informal	Ice Cream	... 25% Fat deficient.	
598	Formal ...	Beef Sausage	... Sulphur Dioxide Preservative (100 parts per million) present but none declared.	
600	Formal ...	Beef Sausage	... Preservative declared but none present.	
635	Formal ...	Curry Powder	... Contained excess Lead.	
669	Informal	Ice Cream	... 59% Fat deficient.	

### (b) **Preservatives.**

No samples were found to contain an excessive amount of preservative, but in five instances the requirements of the Regulations, in the matter of declaration of the presence of preservative, were not complied with. The samples concerned were all of sausage and sausage meat. Four samples were declared to contain preservative but none was found on analysis, and one sample in which there was no declaration of the presence of preservative was found to contain 100 parts per million of sulphur dioxide. The permissible amount, if the presence of preservative is declared, is 450 parts per million.

These may be classed as minor contraventions of the Public Health (Preservatives in Food) Regulations, but, of course, it is important for correct information to be given to the purchaser. One person may prefer to buy sausages which are free from preservative and another may, perhaps for a particular reason on some occasion, wish to buy sausages containing preservative.



**(c) Ice Cream.**

During the year, 30 informal samples of ice cream were examined, and of these 26 were classed as unsatisfactory.

There is no legal standard for ice cream, but under ordinary conditions of supply a minimum fat content of 8 per cent. would be regarded as reasonable. The deficiencies stated in Table 3 are based on this requirement.

The percentages of fat in the samples examined were as follows:—

<i>Per cent. Fat.</i>						<i>No. of samples.</i>	
0—1.9	...	...	...	...	...	...	6
2—3.9	...	...	...	...	...	...	11
4—5.9	...	...	...	...	...	...	5
6—7.9	...	...	...	...	...	...	6
8—9.9	...	...	...	...	...	...	1
Above 10	...	...	...	...	...	...	1

It will be seen that there is a considerable variation in quality. The lowest figure recorded was 0.5 per cent. and the highest 10.1 per cent.

**6.—Fertilisers and Feeding Stuffs Act.**

During the year 1948, 32 samples were taken under the above Act and nine samples were reported against. In some instances the deficiencies were small, and in others, where the analysis disclosed some differences from the composition guaranteed, the irregularities, although representing a failure to conform with the requirements of the Act, did not operate to the prejudice of the purchaser. Particulars are given below of the more serious irregularities.

**NATIONAL POULTRY MASH (SAMPLE No. 30—INFORMAL).**

This informal sample was 19 per cent. deficient in albuminoids. A formal sample was taken and found to be satisfactory.

**MOLASSED CRUSHED PALM KERNEL MEAL (SAMPLE No. 36—INFORMAL).**

This informal sample contained 40 per cent. excess fibre. A formal sample taken later was found to be satisfactory.

**TOMATO FERTILISER, TOP DRESSING No. 5 (SAMPLE No. 49—INFORMAL).**

This informal sample was deficient in soluble phosphoric acid and there was a corresponding excess of insoluble phosphoric acid. The deficiency and the excess were greater than the limits of variation permitted in the Regulations.

Further investigation was made, and the manufacturers contended that the irregularity was due to the age of the sample. It is in fact true that the soluble phosphoric acid in superphosphate (which was one of the components of the fertiliser) does tend to revert to an insoluble form on storage.

## MEAT AND BONE MEAL (SAMPLE NO. 56—FORMAL).

The amount of albuminoids in this sample was less than 40 per cent., and therefore the article did not accord with the definition of a Feeding Meat and Bone Meal in the Fertilisers and Feeding Stuffs Regulations.

Compared with the declaration, the sample was deficient of 3.2 per cent. of oil and 11.2 per cent. of albuminoids, and contained 5.0 per cent. excess phosphoric acid—these variations being outside the limits of variation permitted in the Regulations. The deficiency in albuminoids would be to the prejudice of the purchaser.

(Signed) R. W. SUTTON,

*Borough Analyst.*

**FACTORIES ACT, 1937.**

The following are the Tables of action and work done.

**Inspections.**—Inspections made by Sanitary Inspectors.

PREMISES.	NUMBER OF		
	INSPEC- TIONS.	WRITTEN NOTICES.	PROSE- CUTIONS.
Factories with mechanical power ... ..	734	43	Nil
Factories without mechanical power ... ..	155	4	—
Other premises under the Act (including works of building and engineering con- struction but not including outworkers' premises) ...	—	—	—
Total ... ..	889	47	Nil

**Defects Found.**

PARTICULARS.	NUMBER OF DEFECTS.			NUMBER OF PROSE- CUTIONS.
	FOUND.	REME- DIED.	RE- FERRED TO H.M. INSP.	
Want of cleanliness ... ..	4	4	...	...
Overcrowding ... ..	—	—	...	...
Unreasonable temperature ...	—	—	...	...
Inadequate ventilation ...	2	2	...	..
Ineffective drainage of floors...	3	3	...	...
Sanitary Conveniences	Insufficient ...	81	72	...
	Unsuitable or defective ...	186	157	...
	Not separate for sexes ...	12	11	...
Other offences ... ..	5	5	...	..
(not including offences re- lating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937).				
Total ... ..	293	254	...	...

**Registered Factories.**

Factories with mechanical power	...	...	...	...	...	599
„ without „ „	...	...	...	...	...	96
Bakchouses with mechanical power	...	...	...	...	...	34
„ without „ „	...	...	...	...	...	8
Total						737



## **INFESTATION AND ACTION TAKEN DURING THE YEAR ENDED 31st DECEMBER, 1948.**

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### **Rats and Mice Act, 1919.**

#### **Infestation Order, 1943.**

Report by Mr. F. C. Bright, Chief Rodent Officer.

#### **Infestation.**

There have been indications during the year that the rat population has decreased, but mice infestation has increased, compared with previous years.

Less complaints have been received. Formerly Corporation premises received direct treatment but private premises had a mainly advisory service, a charge being made where treatment was carried out. With the provision of a free service, the Borough is now dealt with as a single unit, resulting in probably more successful results than before. Consequently the number of visits required has been considerably less.

Infestation of mice has increased both in residential and business premises.

Occupiers still seem reluctant, for various reasons, to report new infestations, despite the decision of the Corporation to provide a free service for residential premises. A great amount of time has to be spent in survey to find the presence of vermin. It will be understood, therefore, that the number of visits (as shown below under treatment) is only for the purpose of baiting or poisoning, and does not include any inspection or survey duties.

A Bill (Prevention of Damage by Pests), which will give wider powers to the Ministry of Agriculture and Local Authorities, is being presented to the House of Commons. When this is passed, the entire responsibility to report any infestation will be on the occupier of any infested land or premises, failing which proceedings may be taken.

The Canal, blocked with weeds and stagnant in parts, is still a very considerable worry, being the source of a good many rat infestations with its facilities for nesting in the banks and adjacent premises. At one time application was made and agreement obtained to fill in a part of the Canal, but it is now the concern of the Transport Committee, and it is sincerely hoped that they will, in the near future, decide that it is no longer required as a waterway and a large part be reclaimed for land purposes.

## Treatment.

Pre-baiting is still advocated as being the best method, one to four days pre-bait according to the size of infestation, premises and location, with poison mixed the next day. Sausage rusk is the main bait with zinc phosphide as poison, and bread mash with arsenic as an alternative. Other baits used are wheat and oats, with barium carbonate poison. Traps are an advantage in the case of single rodents, or to clear finally premises where poison has been used.

The number of visits made to Corporation premises was 182, the principal infestations being at the Sewage Disposal Works, Cattle Market, Slaughter-houses, Refuse Destructors, Tips, Schools and Parks, etc. 32 visits were made to Hospitals and similar institutions, together with 161 visits to private residential premises, where treatment is now free.

Business premises (factories, offices, shops and stores) necessitated 105 visits, 40 being to premises on contract. We now have contracts with 11 firms where periodical visits, every four to six weeks or more often if required, are made.

The sewers of the town were again treated during two periods, viz., April to June and October to November. Estimated by the bait and poison "takes," the evidence showed a decline in the rat population.

We still have to contend with an influx into the town from the country districts, which is evidenced by the increase in complaints when the colder weather approaches.

## COMMON LODGING HOUSES.

Number on Register	...	...	...	...	...	...	...	3
Number of Rooms registered for Sleeping	...	...	...	...	...	...	...	33
Number of Lodgers provided for	...	...	...	...	...	...	...	268
Notices and Cautions given in respect of Breaches of the Acts and Bye-laws	...	...	...	...	...	...	...	1

## HOUSES LET IN LODGINGS.

Number on Register	...	...	...	...	...	...	...	6
--------------------	-----	-----	-----	-----	-----	-----	-----	---

These houses are of a very unsatisfactory type and totally unsuited for the purpose for which they are being used, and in my opinion are incapable of being made into suitable dwellings. No action has been taken with these premises, as I am awaiting the time when the whole of the area in which these houses are situated may be considered for demolition.

## OFFENSIVE TRADES.

On Register at beginning of year	...	...	...	...	...	12
On Register at end of year	...	...	...	...	...	12
Factories without mechanical power	...	...	6			
„ with „ „	...	...	6			

# PROSECUTIONS DURING THE YEAR ENDING 31st DECEMBER 1948

<i>Date.</i>	<i>Defendant.</i>	<i>Offence.</i>	<i>Result.</i>
16/1/48	Wigley & Sons Ltd.	Selling food intended for, but unfit for, human consumption. Sec. 9, Food & Drugs Act, 1938.	Fined ... £2 0s. 0d. Special costs £1 0s. 0d. Adv. Fee ... £3 3s. 0d.
15/1/48	Fred Stott ...	Giving a false warranty to a purchaser of food (sausages). Sec. 85, Food & Drugs Act, 1938.	Fined ... £5 0s. 0d. Anal. Fee ... £2 2s. 0d. Anal. Cert. £1 1s. 0d. Adv. Fee ... £4 4s. 0d.
19/1/48	Frank Woolley ...	Selling pork sausage not of the nature, etc. Sec. 3, Food and Drugs Act, 1938.	Fined ... £10 0s. 0d. Adv. Fee ... £5 5s. 0d. Anal. Cert. £2 2s. 0d.
21/1/48	James Cope ...	Selling sausage meat not of the nature, etc. Sec. 3, Food and Drugs Act, 1938.	Fined ... £3 0s. 0d. Adv. Fee ... £3 3s. 0d. Anal. Cert. £1 1s. 0d.
—	T. K. West & Son	Accumulation of filth in bake-house. Sec. 13, Food & Drugs Act, 1938.	Prosecution withdrawn— £4 4s. 0d. costs of Corporation paid by Defendants.
5/2/48	H. W. Salt & Son	Selling milk deficient in fat. Sec. 3, Food & Drugs Act, 1938.	Fined ... £20 0s. 0d. Anal. Certs. £8 8s. 0d. Anal. Fee ... £4 4s. 0d. Adv. Fee ... £4 4s. 0d.
26/2/48	John William Cudworth.	Selling beef sausage not of the nature, etc. Sec. 3, Food and Drugs Act, 1938.	Fined ... £2 0s. 0d. Adv. Fee ... £3 3s. 0d. Anal. Fee ... £3 3s. 0d. Anal. Certs. £2 2s. 0d.
—	Simpson & Loasby	Permitting Statutory Nuisances at certain of their houses contrary to Sec. 92 of the Public Health Act, 1936. Sec. 94, Public Health Act, 1936.	Case Withdrawn. Court Fees £4 7s. 6d. Legal Costs £6 6s. 0d.
1/7/48	Charlie Barker ...	Selling milk not of the nature, substance, etc. Sec. 3, Food and Drugs Act, 1938.	Fined ... £20 0s. 0d. Anal. Certs. £7 7s. 0d. Anal. Fee ... £3 3s. 0d. Adv. Fee ... £3 13s. 6d.

## WORKS EXECUTED BY THE DEPARTMENT.

In 49 cases the works ordered on notices served, not having been carried out by the owners, were in default executed by this Department, and the costs duly entered in the bill book for collection by the Borough Treasurer. In addition, 200 dustbins were supplied in default of owners.



**CONCLUSION**

This will be my last Annual Report before I go into retirement in 1949 (August) after 36 years with this Department, and I take this opportunity of expressing my thanks to you for the support and kindness at all times shown to me. And to all members of the staffs (Inspectorial and Clerical) I express my sincere appreciation of their loyal service in the many duties they have been called upon to perform.

I am,

Yours obediently,

ERNEST G. HARDY,

*Chief Sanitary Inspector.*









